
Love
&
Lust
in the
ER
Kevin Pezzi, MD

Love & Lust in the ER

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All questions and comments submitted to me become my irrevocable property and may be published in my Q&A forums, books, web sites, or in other venues.

All names in this book are of fictitious persons and entities. Any similarities to the name of any real person, address, school, business, hospital or other entity is purely coincidental. Names were also changed to protect the confidentiality of contributors who requested anonymity. The first person linguistic presentation used herein is a means of effecting literary cohesion and avoiding exhaustive repetition of attributing stories from anonymous contributors, and hence should not be construed as being applicable in all cases in a literal sense. Translated from the legal mumbo-jumbo: *I*, *me*, *myself*, or *Dr. Pezzi* might not necessarily refer to me but instead to an anonymous contributor. I've had an interesting life, but it's not been *that* interesting! Some stories are compilations of individual stories.

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Or just go to www.MySpamSponge.com and send your message to *doctor*.

MySpamSponge is a site I developed that anyone can use to block all of their spam, but never any legitimate messages. With MySpamSponge, you communicate using *handles* instead of e-mail addresses. A handle is essentially a contact code that gives people a way to contact you via e-mail without you having to reveal your e-mail address. Similarly, you can send a message by using the recipient's handle as the address (mine is *doctor*). Smart people will quickly "get it" and realize that this could be the magic bullet that makes spam a thing of the past, but I wonder if the average Internet user can grasp a major innovation that didn't come from Microsoft or Google. We'll see.

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I'd love to hear it if it pertains to any aspect of emergency medicine—not just the type of stories in this book. If I use your story, I'll give you a free copy of either the current book or the upcoming book in which your story appears. If you have more than one publishable story, I'll give you a free book for each story used. Please indicate whether you wish to be named as a contributor, or whether you prefer to remain anonymous.

Send your previously unpublished story to me via this link:
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To protect the patient's confidentiality, I will change the names and possibly other minor details (e.g., location). By submitting your story, you are indicating that this material is unpublished, and that you are authorizing its publication by Dr. Kevin Pezzi, who will then own the copyright to the material in exchange for the compensation given above. Stories may be edited for length, clarity, spelling, punctuation, and so forth.

Spot a typo?

If you notice a typographical error, please tell me about it. My contact info is on page 3. Thank you!

Reward offered for reporting "rip-offs" of my stories

If you watch any medical shows on television, please notify me if you see an episode containing a story that is very similar to any of the ones in this book, or my other books or web sites. I rarely watch those shows, so I cannot detect all of the rip-off infringement. If you are the first to report an infringement, I will give you a percentage of the settlement or judgment. To submit a report, please include: (1) Your name, address, phone number, and e-mail address; (2) The name of the television show, the network on which it appeared, the date and time it was broadcast; and (3) A description of the story that you believe is sufficiently similar to one of mine to constitute an illegal infringement or "rip-off." To submit this information, please see my contact info on page 3. Thank you!

Want to star in an ER film?

I am producing a film based on some of the stories in this book and my other ER books. If you wish to volunteer as an actor or crew member, please contact me (see page 3). Thank you!

Other Books by Dr. Pezzi

Fascinating Health Secrets
Intriguing tips on medicine, beauty, health, sleep, nutrition, weight loss, longevity, exercise, brainpower, sexual attraction, and sex
For more information or to order: www.erbook.net/fhsmain.htm

The Science of Sex
Enhancing Sexual Pleasure, Performance, Attraction, and Desire
For more information or to order: www.sexualtips.net

Advanced Enlargement
For more information or to order: www.sexualtips.net/ae.htm

True Emergency Room Stories
For more information or to order: www.erbook.net/erbook1.htm

How to Lose Weight Without Dieting, Drugs, Herbs, Exercise, or Surgery
For more information or to order: www.lose-weight-easily.net

How to Cure a Cold in 4 Hours
Download this book free: www.cureacold.com

Available in 2006
(For current availability, see www.ERbook.net)

ER Doctor

Here are a few of the stories in *ER Doctor*:

- A paramedic reveals:
  - How a beautiful young woman, unconscious after a car accident, was raped in the back of an ambulance.
  - How a paramedic fought a racial war by withholding care or purposely giving the wrong drug.
- How an AIDS patient went on a rampage in a hospital and exposed hundreds of people to the HIV virus.
- The day I realized my boss was incompetent. At shift change, I walked into a room and witnessed him and two assistants staring helplessly at a critically ill child. Judging by their inaction and what they told me, it was clear they'd given up on him and were just waiting for him to die.
- How the hospital brass misconstrued an offer I made to help a patient—and how it almost cost me my job.
- Why a practical joke at work sent a man to his grave.
- Why it is dangerous to infuriate some revengeful hospital personnel.
- How a man shot his young daughter through the head with an arrow.
- What hospitals don't tell you about "slow codes": how some doctors play God and decide who lives and who dies.

So You Want to be an ER Doctor?
The Pros and Cons of a Career in Emergency Medicine
Tips on Achieving Your Goal

And several other books.

Web sites by Dr. Pezzi

www.contactmefree.com	An indispensable tool for online dating
www.myprofilewriter.com	Create a dating profile essay and headline without writing
www.contactpdq.com	
www.erbook.net	All about emergency rooms and ER as a career
www.lose-weight-easily.net	The easiest way in the world to lose weight
www.sexualtips.net	Like sex? Want to make it much better?
www.stop-burglars.com	A clever and inexpensive way to deter burglars and safeguard your family
www.garagescapes.com	Organize your home & garage, beautifully
www.lighthouseshed.com	Sheds shaped like lighthouses
www.loghomedoor.com	Gorgeous hand-carved doors
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www.shelteranimals.org	A must-see site for lovers of wild animals
www.bwsyndrome.com	Discusses the Beautiful Woman Syndrome
www.myspamsponge.com	Solve your spam problems, forever
www.anonymust.com	Send e-mail without revealing your e-mail address to help protect your privacy
www.balancebraces.com	This site allows computer programmers to visually check that their code's braces (a.k.a., curly braces), parentheses, brackets, and tags are balanced.

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About the Author

After graduating in the top 1% of his class from Wayne State University School of Medicine, Dr. Pezzi practiced emergency medicine for 11 years. He wrote several books and developed numerous web sites, the most recent of which give Internet users free ways to date online, develop better online profiles, and combat spam. Dr. Pezzi is also an inventor who is currently developing a device that will make you wonder if you've been teleported a century into the future. You're probably jaded by other gizmos that were lavished with "it will change the world" hype before they were released, only to be met with "*That's it?*" yawns after they were unveiled. Just wait.

Dr. Pezzi has been interviewed numerous times on television and radio, and also in various newspapers, web sites, and magazines, including *Men's Health*, *AARP The Magazine* (the world's largest circulation magazine), *AMNews* (a publication of the American Medical Association), *Entertainment Weekly*, and others.

He enjoys snowmobiling, riding his Sea-Doo, inventing, thinking, programming computers, shopping, baking, dating, bicycling, exercising, watching movies, traveling, working in his shop, moving dirt with his tractor, shooting, being outdoors, reading, and of course writing.

Introduction

Before I became an ER doctor, I assumed that emergency rooms treated only genuine emergencies such as heart attacks, strokes, and assorted injuries. That assumption proved to be very naive. In reality, patients go to emergency rooms for just about every imaginable reason, including many that deal with sex, love, and lust. Furthermore, ER doctors, nurses, and patients sometimes become romantically involved with one another, oftentimes in ways that are far more salacious than the romantic entanglements depicted on television medical shows constrained by censorship.

This book presents cases involving everything from puppy love to the real thing. In that hormonally-fueled gamut are some expected things, such as flirting and affairs, but also others that you've probably never heard about, nor could even imagine. There is something about the intensity of emergency rooms that tends to foster passion. After reading these stories, I think you'll agree.

Kevin Pezzi, M.D.
Somewhere in northern Michigan
May 28, 2006

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You can send a copy of *Love & Lust in the ER* to a friend provided that the book is kept intact and not modified in any way. Or just give your friend a link to www.ERlove.com, which includes a free download link for this book, as well as all of its stories in a web format.

Love & Lust in the ER makes a great gift that your friend will appreciate, but sending it won't cost you anything—the book is free!

Emergency 911

Before reading this book: Please check for an updated edition unless you recently downloaded it. It's free! You can also sign up to be notified if I release a new edition of this book or another book.

A lady in her mid-twenties called 911 and came to the ER by ambulance, accompanied by her husband. Expecting that she had come in for chest pain, difficulty breathing, or some other potentially serious reason, I immediately went to see her. The conversation didn't exactly conform to what I had in mind.

Dr. Pezzi: Hi, I'm Dr. Pezzi. How may I help you?

Patient: (smiling) I think my vagina is too loose.

Dr. Pezzi: You think your *vagina* is too loose?

Patient: Well, I'm not sure. My boyfriend can't satisfy me—you know, he can't make me come—and I don't know if it is because my vagina is too loose, or because he's on crack. He's a drug dealer, and he uses the stuff himself, you know.

Dr. Pezzi: (looking at the man sitting mute in the corner) Is this your boyfriend?

Patient: No, that's my husband. I don't have sex with my husband, just my boyfriend.

Dr. Pezzi: (wondering *What on earth?*) Do you use any drugs?

Patient: No, and I can make myself come when I play with myself. So is it my vagina, or is it that he's on crack? Will you check me and see if it is tight enough?

Dr. Pezzi: Your boyfriend's use of crack may indeed contribute to your problem.

Patient: You gonna check me now?

Dr. Pezzi: No, I'm not. If you had not called for an ambulance, I would have examined you, simply as a courtesy, even though your problem is clearly not an emergency. We have a limited number of ambulances in the county, and an elderly person could be dying from a heart attack at home right now because the ambulance that would have brought them to the hospital was busy transporting you here. Besides, even if I

determined that your vagina was loose, it's not as if I would operate on it in the ER.

Patient: (seeming to be genuinely surprised) You wouldn't? Darn, I was hoping I could get it fixed today.

Dr. Pezzi: That's not what we are here for. You'll need to see a gynecologist.

Patient: But I don't want to.

Dr. Pezzi: Why not?

Patient: 'Cause I'll have to pay him, that's why!

Husband: Hey, I'm not payin' for it, either! If I'm not getting it, I sure ain't gonna pay to have it fixed! Your boyfriend can pay the bill!

As Ozzie and Harriet continued their discussion, I excused myself and went to see other patients.

It was clear that she wasn't going to make it. Lauren was about 25, and was nearing the end of her pregnancy when she sustained a cardiac arrest. If she weren't pregnant, I would have called for the end of the code, and walked out of the room to speak with her husband. But this was different. We had one more patient to consider: her baby.

Medically, it is possible to perform an emergency C-section and revive the infant. However, that's legally known as an “operation,” which requires that consent be obtained if this is feasible. Since her husband was standing just outside the door, it was indeed feasible, so I felt obligated to present this option to him. I also felt morally compelled to let him make the decision. I thought it would be unconscionably presumptuous of me to walk out and say that his wife was dead, but that I'd decided to deliver his child anyway. He didn't hesitate: don't do the C-section.

I never asked him why he'd made that decision. Was it because he didn't want to raise a child alone? Was it because the child might be a constant reminder of his departed wife? Was it because the child, at least indirectly, was likely responsible for the death of his wife? Or was it because the child, even if he had lived, would have likely sustained brain damage as a result of a lack of oxygen?

I never asked him, but he told me anyway. That *was* his wife, but it *wasn't* his child.

As Stan and Mindy walked into the ER, I guessed from their attire that they had attended the senior prom. Noticing the blood on Mindy's gown, I surmised that this was the reason for the ER visit. I was correct on both counts.

Having never attended a prom, I have only secondhand, anecdotal reports of what goes on during and after such an event. Suffice it to say that losing one's virginity after the prom is not a rare occurrence. Indeed, Stan and Mindy had succumbed to their youthful passion and consummated their three-week relationship. While most women manage to lose their virginity without a subsequent visit to the ER, most women do not have to contend with Stan or someone like him. More about him in a minute.

Initially, I guessed that the source of the blood was from the ruptured hymen. Sure enough, I found the hymen was bleeding as I performed the pelvic examination. But that wasn't all. The vagina itself was torn and bleeding. I wondered how that had happened.

Mindy: Oh, God, it really hurt when he put it in me.

Dr. Pezzi: I can imagine . . .

Mindy: I've never had sex before, Doctor, but this isn't the first time I've seen a penis. But I've never seen one so huge! I mean, I didn't think they came that big.

Neither did I. To make a long story short, Stan wanted my medical opinion on whether or not he was a freak of nature. His terminology, not mine. A caring physician would be amiss not to euphemize such an aberrancy in a more sensitive manner. Having been trained at Wayne State, I thought I was ready for this.

Let me digress for a minute. At Wayne State University's School of Medicine, we were shown dozens of pornographic (OK, *highly* pornographic) films as part of the curriculum. The rationale for such an unusual academic inclusion, we were told, was so that we would not react in disgust or surprise if a patient revealed sexual proclivities that were, well, strange. By exposing us to every imaginable sexual practice, they hoped to desensitize us so that we could just deal with the medical issues, leaving judgment about such practices to God, or perhaps to Jerry Springer and his audience.

As Stan dropped his trousers, my eyebrows reflexively rose.

Stan: What do you think, Doctor?

Dr. Pezzi: Well, Stan, it's certainly a very large penis.

Stan: Do you think I'll be able to have a normal sex life—you know, without hurting women?

Dr. Pezzi: That depends upon your partner. If she has a small vagina, it will be uncomfortable for her.

And dangerous, too. Knowing how sensitive young people can be, I didn't want to give him a complex about his penis. In truth, I should have answered that he would be unlikely to find a human female who would be a suitable match for him, size wise. Although I have seen thousands of penises, I'd never seen one that was even remotely similar in size to that of Stan. The next largest penis was, I'm sure, at least four times smaller in terms of volume. I bet Stan's Mom rinsed their dishes well when he was a kid!

Are you wondering why I said that? As I explained in *The Science of Sex* (www.sexualtips.net), people are routinely exposed to various chemicals in dishwashing detergents and other household chemicals that partially neutralize the effects of testosterone (and other androgens). These chemicals interfere in a dose-dependent way with male sexual development, including that of the penis. Therefore, with everything else being equal, a man with less exposure to those *anti*-androgens will have a larger penis than a man with greater exposure. (Incidentally, greater exposures are also more likely to dampen his libido and reduce his sexual pleasure, too.)

Don't breathe a sigh of relief just because you're a woman. Women have androgens, too, and—just as in men—those hormones are the primary regulators of libido and sexual sensation. So if you are disappointed by your libido, sexual sensation, or orgasmic ability, one of the culprits may be anti-androgens.

While I am on this subject, I should also mention that other chemicals can partially block the effects of estrogen in your body. Is that good? If you get your scientific education from the 6 PM news, you probably think that estrogen is bad, so blocking it is good.

Not so fast. First, estrogen is the primary hormone that makes women attractive to men. As estrogen levels (or, more precisely, estrogen *effects*, as I discuss in *The Science of Sex*) plummet, so do the wonderful effects of estrogen. What do men crave? Larger, fuller breasts, or ones that look like deflated bags? Lush, bouncy, radiant hair, or a scalp covered by sparse, dull, lifeless strands? Skin that is soft, glowing, and youthful, or dry, wrinkled, and sagging? Lips that are soft and full, or shriveled? A vagina that is silky and lubricated, or one that's dry with a texture less able to give men pleasure? In every case, what

men crave is what estrogen gives. Less estrogen, less estrogen *effects*, less men begging you for a date.

But what about the dark side of estrogen? Haven't I heard about its supposed association with breast cancer and heart disease? You bet I have, and I can't think of any topic in which women have been so misled. Reporters have twisted the facts about estrogen, yet failed to give you information that could do far more to reduce your risk of cancer and heart disease than avoiding supplemental estrogen in your postmenopausal years. If you read what I wrote about estrogen in *The Science of Sex*, you can have your cake and eat it, too: you can have all the beneficial effects of estrogen, and live a better quality, longer life than women who don't take estrogen because they made the mistake of listening to reporters with little or no scientific education.

Or, tragically, you may have an anti-estrogen doctor with simplistic thinking and a woefully incomplete grasp of this topic. If so, you should know that not all doctors are created equal. I graduated in the top 1% of my class in medical school. Some of the tests were so hard that a passing score was about 45%, because our exams were graded on the curve (as is true in many medical schools). Many people who are now doctors (and possibly giving you advice) squeaked by with such low grades, while I was acing exam after exam and getting more than twice as many questions correct. So did I learn about twice what the bottom-tier doctors learned? No, the difference was even greater. An elementary school student could score about 20% on a multiple-choice test just by guessing, so it is clear that students with scores of 45 were benefited by a lot of guessing. It is impossible to get the 95+% scores that I achieved by guessing. I learned almost everything taught in medical school (and then some, because I did a lot of reading on my own), while some other doctors—yes, maybe even those attractive physicians you see on the 6 PM news giving you their take on estrogen—may have really known only a third of what I did.

I mentioned this because your life may very well depend on the quality of the medical information that you receive. Please don't listen to reporters who know next to nothing about science, and don't assume that all doctors are equally qualified.

Now *this* could be interesting, I thought to myself. Ron and Pam were on the first night of their honeymoon, and both registered as patients. They looked too healthy to have food poisoning, and the fact that they were holding hands led me to believe they hadn't been arguing. Pam seemed a bit sheepish, but Ron was eager to talk.

Ron: Hi, Doc. We're on our honeymoon, and we're having a marital problem.

Dr. Pezzi: Yes?

Ron: We're not able to consummate our marriage.

Dr. Pezzi: What seems to be the problem?

Ron: I can't get it in her.

Dr. Pezzi: Are you able to get an erection?

Ron: Heck, yeah. It was hard as a rock. I just couldn't get it in—it just didn't want to go.

Dr. Pezzi: (looking at Pam) Have you ever had intercourse?

Pam: No, I'm a virgin.

At this point, the most likely possibility was that she had vaginismus. In that condition, muscles around the vagina go into spasm when intercourse is attempted; such a contraction can make penetration difficult or impossible. Vaginismus is generally rooted in a psychological aversion to coitus. Alternatively, I thought that her hymen might be the source of the problem. I discussed these possibilities with them. As I was about to find out, Ron was a creative thinker.

Ron: I've got an idea, Doc.

Dr. Pezzi: What's that?

Ron: Wouldn't it help if she were unconscious?

Dr. Pezzi: Do you mean asleep?

Ron: No, unconscious.

Dr. Pezzi: Well, yes, it would probably help, but how do you propose to do that? (I wondered if he considered getting her drunk enough to pass out.)

Ron: Can't you put her out? You know, anesthetize her?

Dr. Pezzi: (shocked) *What?*

Ron: Yeah, anesthetize her, and I'd get it in when she's out.

Dr. Pezzi: I can't do that!

Pam: It's OK with me.

Dr. Pezzi: I still can't do it. It's just not proper.

Pam: But I'd do anything for Ron. I love him.

Dr. Pezzi: I'm sure that you do, but that's not the issue. The logical thing to do now is for me to examine Pam. Let's try to determine the cause of the problem before we consider any solutions, alright?

Ron: Yeah, that makes sense.

As I performed the pelvic examination, it did not take long to realize why Ron was having difficulty entering her, but I didn't want to say anything until Ron was back in the room. A few minutes later, we were all back together.

Dr. Pezzi: Pam, you've never had a period, have you?

Pam: Not yet.

Dr. Pezzi: Did you ever see your doctor about that?

Pam: No.

Dr. Pezzi: Did your Mom's obstetrician ever say anything special to her after you were born?

Pam: I was delivered by old Doc Martin. He died about ten years ago, and I don't think he ever said anything to my parents—at least, nothing they ever told me.

Ron: (emphatically) Why? What's wrong?

Dr. Pezzi: (thinking, *oh boy, how do I phrase this?*) Well, when I did the exam, Pam's external genitals looked normal, but . . .

Ron: But what?!?

Dr. Pezzi: Her vagina is not normally developed.

Ron: What do you mean by that?

Dr. Pezzi: She doesn't have a vagina . . .

Ron: Holy shit!!!

Pam: (momentarily stunned, then began crying) I don't have one?

Dr. Pezzi: Not a normal vagina. Her vulva opens into a pouch that is at most an inch deep, and there's no uterus.

Pam: (still sobbing) You mean I'm not a *woman?*

Dr. Pezzi: (thinking that this isn't the time for a lecture on genetics and abnormal androgen receptors) You *are* a woman . . . .

Ron: Oh, thank goodness! (pause) Then why doesn't she have a vagina?

Pam had the testicular feminization syndrome (TFS). This results when a fetus that is *genetically* a *male* lacks a receptor for testosterone, which prevents the body from responding to the testosterone. Since testosterone is responsible for development of male sexual characteristics, absence of its effect blocks the appearance of the male "equipment." Sans the testosterone effect, the body is programmed to develop more or less as a female—at least externally. In fact, one of my professors said that women with TFS are often unusually attractive, and he claimed that women who are cover models for *Cosmopolitan* and similar magazines are far more likely to have TFS than a woman with average looks. Sounds like an interesting research project, if nothing else.

Internally, it's another story. Some TFS women have a short, rudimentary vagina, but the other plumbing just isn't there. Hence, they cannot conceive.

Although they were hungry for a thorough explanation, I thought it was best to obscure the fact that Pam was a male, at least genetically. I explained how she could develop a vagina that would allow them to have intercourse, and I emphasized that she was essentially just a woman who would be permanently infertile. She would need some additional treatment, but they could otherwise lead a normal life together.

They seemed relieved. So was I.

In case you haven't satisfied your yearning for edification this week, I'll fill you in on some idle gossip that may never be covered by *The National Enquirer* and other distinguished journals of medicine. Rumor has it that the actress Jamie Lee Curtis has TFS. This speculation is based upon the fact that she is unusually attractive, has slim hips, and adopted children. Of course, there are plenty of attractive women with adopted children who don't have TFS, so Ms. Curtis may not have that condition. In any event, she and Pam are unquestionably women.

A young couple presented to the ER, and both registered as patients. The man complained of an itchy rash on his hands, elbows, and knees. His spouse had a similar rash on her back.

After I'd seen the couple, the nurse asked me, "Well, what's your diagnosis?"

"The missionary position," I answered. The couple had been having sex in the woods, in a patch of poison ivy.

Some people expect that ER doctors will believe *anything* you tell them. Not quite. While non-ER physicians might find this hard to believe (or, they may simply be unaware of the statistics), gaining acceptance to an ER residency program is *the* most competitive venture in postgraduate medical education. Think it's difficult getting into a residency for orthopedic surgery or neurosurgery? It's a piece of cake compared to getting into an ER program. Having worked for years as an ER doctor, I have to wonder about the intelligence of anyone who actually wants to ~~abuse themselves~~ —I mean, be an ER doc. Kidding aside, ER doctors are anything but stupid. Mary didn't believe that, though. Want to hear a wild story? Good.

Joe went over to Jim's home. Jim, a friend of Joe, was making love to his girlfriend, Mary. Without being too graphic, Jim could not satisfy Mary, so he got up and left the home. But not Joe. He decided to give it the old college try, seeing if he could satisfy Mary. Joe and Mary were thoroughly enjoying themselves when Jim returned. Jim asked Joe to get off his girlfriend. Joe had something else on his mind, however, and continued on his merry way. Jim then tried pulling Joe off. No go. Jim then got his pistol and shot Joe in the back of the head. What a way to end a friendship, huh?

The paramedics brought what was left of Joe into the ER. The gauze wrapped around his head wasn't doing a good job of keeping the blood inside, which spilled out so profusely that it cascaded off his gurney onto the floor, creating the largest blood trail I've ever seen. As I followed the patient from the ER entrance to the Trauma Room 120 feet away, I found it difficult to believe that so much blood could flow from one body.

Trauma resuscitations begin with the ABCs: airway, breathing, and circulation. Once those basics were taken care of, the next logical step in this case was to take a gander at his wound, thus giving us an idea if this patient was salvageable. The second the nurse removed the blood-soaked gauze, I knew the patient was a goner. I estimated that at least half of his brains were missing, undoubtedly spattered over his friend's bedroom. From the gruesome way in which his skull was blown open, I knew that he must have been shot with a large-caliber handgun. My guess was a .44 Magnum—definitely not something wimpy like a .22 or .25 Auto. A large exit wound and X-rays showed that the bullet had left

his brain. From the path it took thereafter—through a wall, floor, and who-knows-what-else—the CSI team could glean useful information for the prosecution. Mary claimed that after Joe finished making love (well, *having sex* is a more apt description), he got Jim's gun and shot himself.

Oh, I believe that! I've thought of many things after intercourse, but somehow suicide has never crossed my mind. Furthermore, Joe was shot in the *back* of his head and the angle of the wound indicated that it was not self-inflicted. Besides, who would even try to shoot himself in the back of the head? Having precious little common sense and no appreciation of forensic science, Mary actually thought we would fall for the story that she and Jim had concocted. Guess again.

Here is a story submitted by an ER nurse:

One afternoon a fellow brought his wife in. He told the triage nurse that he thought his wife had been having an affair and he wanted us to do a pelvic exam and tell him whose sperm we found. We tried to explain that sperm did not carry labels with their owner's names on them. He had heard about DNA testing on television and thought we could do DNA testing in the lab while he waited. We suggested that they would need to work out their marital problems another way.

A man presented to the ER with a copious penile discharge. He'd recently returned from Las Vegas and admitted that he'd had sex with a prostitute. This surprised me somewhat, because his penis was so large that I thought penetration would have been next to impossible.

Patient: Can you give me a shot, and cure it so that I'm better by tonight?

Dr. Pezzi: I can give you a shot, but you won't be cured by tonight. Why tonight?

Patient: I'm going to have to have sex tonight, and I don't see any way of getting out of it. It's the traditional thing to do.

Dr. Pezzi: How so?

Patient: I'm getting married today.

I listened intently as a well-dressed woman explained to me why she had come to the ER. “I had gone out for dinner and drinks with some good friends from work, and one of my friends introduced me to an acquaintance of his that he bumped into at the club. I started talking to this man, and we got along very well. So well, in fact, that I ended up inviting him over to my place for a nightcap. One thing led to another, and he spent the night at my place. You know how it is.”

I wish I did, but I’ve learned that it’s difficult to meet women when I’m holed up in my house making gizmos and writing books.

“As I was making breakfast in the morning, I asked him to turn on the television so I could catch the weather forecast. That’s when it happened.”

“What happened?” I inquired.

“He picked up the picture I had sitting on the television set and walked into the kitchen, asking me why I had a picture of his grandmother. I told him that was *my* grandmother. We asked one another many questions, and there was no doubt about it: we shared the same grandmother, and we were cousins. Our family isn’t very close, obviously.”

Until now, I thought, but I kept my mouth shut.

“So, I came in here to get the morning-after pill.”

Hospital nurses and other workers often approach ER physicians for medical advice. I think this stems from our availability rather than any special expertise. The problems for which help is sought range from the ordinary (e.g., removing a stuck contact lens) to the unusual. One nurse approached me and said, with remarkable candor, that she’d been having sex with three guys and was now pregnant. She wanted to marry the guy who got her pregnant, but she had no idea of who that was. Could I help?

My career in post-coital counseling was well underway years before I entered medical school. Perhaps because I’d read *The Merck Manual* twice by the time I was a senior in high school, my friends viewed me as a ready source of information for helping them with the sort of sexual problems that teenagers always seem to encounter. Hence, I was an old hand at this. But deducing who was the father when there were three

candidates? Risky business, to be sure. If I was wrong and a subsequent blood test or an obvious physical trait made it clear that the husband was not the father, then I could end up wrecking three lives.

Drawing upon my medical knowledge and assorted bits of minutia that I'd acquired from a variety of unusual sources, I gave this matter due consideration and told the nurse who was almost undoubtedly the father. Oh, there was one aspect of the story that I neglected to mention. There was almost another candidate for fatherhood: *me*. I was a good friend with this nurse, and there was a long-standing undercurrent of apparently mutual curiosity of whether or not we were sexually attracted to one another. This question was answered one night when we began undressing each other. At my place, not the ER—sorry to throw the damper on your excitement. Things were progressing as things usually do until we reached the time for me to remove my pants. This was something I was reluctant to do because, alas, I was not having the expected physiological response. No way to shade the semantics, I was limp. My hesitation must have been obvious. "What's the matter? Don't you like my chest?" she asked.

I can't recall ever answering that question. But no, it wasn't her chest, which was more than I was hoping for. The problem was that I was taking some medicine at the time that made it annoyingly difficult to get an erection. It was possible, but it took about 45 minutes of coaxing. For a young man, that's an embarrassment. I wanted to tell her about that side effect of the medicine, but my mouth just wouldn't open. She made another comment about how I must not have liked her boobs very much, got her clothes on, and left. We never dated again.

Darn. I really liked her. Our truncated intimacy, which would have been for her a close encounter of the fourth kind, occurred before I was aware of the fact that she was getting it on with three other guys. Unbeknownst to me at the time, she was already pregnant, which would have averted the possibility that I could have impregnated her. Nevertheless, it certainly would have complicated the picture.

Oh yes, the guess. Fortunately for everyone involved, I chose the correct father, and she's still married to him. Some things just work out for the best.

This story was submitted by a nurse who requested anonymity for herself and her hospital, so I changed those details:

“I've worked in our rural Emergency Department at Lakeshore Hospital for 21 years and have seen the results of many stupid ideas, but recently witnessed one I hadn't seen before.

One weekday morning we received a call regarding a single vehicle MVA[1]. An 18-wheeler ran off Interstate 90 and rolled onto its side. The EMTs responded quickly and reported they would need to extricate the driver but it seemed he had no serious injuries. After successfully detaching the driver from his cab, they immobilized him and brought him to the ED.

Since I am now the manager of the ED, I do not have as much patient contact as I have in the past but the presence of this patient was immediately made known to me on entering the department as the smell wafted into my office.

On inspection, I saw an extremely obese redheaded man wearing just a pair of soiled pants. His dirt-encrusted feet protruded from the ragged pant cuffs, his shirtless torso, over-exposed butt crack, and dirty matted hair completed the rugged, devil-may-care, “who me bathe? I don't have one in the semi!” look. I shuddered when I thought of what the inside of that truck must have looked and smelled like.

The firemen and police were smirking and whispering among themselves and you knew they were dying to tell us the story. When I asked what caused him to lose control of the semi they reported: On arrival, they looked in the side window and saw the driver trapped in the cab and wearing no clothing. Scattered in the filthy cab were Polaroid snapshots of the driver's erect genitalia. By now my visuals of the scene caused me such repulsion that I anticipated all of the rescue personnel would be in need of crisis debriefing and possible long-term mental health counseling.

It seemed this over-the-road hauler was bored and horny. While driving down the interstate he must have thought of a solution that would solve all of these concerns with a single intervention. The plan had an intrinsic flaw, and was doomed to failure, as it would be impossible to keep both hands on the steering wheel. (If one hand was on the camera and the other on his penis, who was steering?) Consequently, he lost control and dumped his load.

After it was determined he sustained no injuries, he was busy making phone calls to his employer and speaking to the trooper who was collecting his autograph on an assortment of citations.

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[1] MVA = Motor Vehicle Accident.

A short time later, a gentleman entered the ED and asked about the driver of the truck. He identified himself as a representative from his employer's insurance company. I assumed that he wanted to speak to him about the accident, so I innocently asked, "Oh, would you like to see him?"

He responded quickly, indignantly, and with a horrific expression, "No! I've already seen *enough of him!*" It seems he was at the accident site before arriving in the ED and had collected evidence to establish the cause of the accident. Our trucker was soon discharged with "bus fare" graciously provided by the insurance adjuster. I'm sure the driver will be looking for employment elsewhere."

Whenever the subject of emergency room stories is discussed, one of the first things that people with ER experience discuss is the subject of rectal foreign bodies. I have never had much affinity for this topic, but I've seen a fair number of patients with such a problem. These stories share a number of similarities, so one or two stories on this subject should suffice.

Bart, age 28, seemed embarrassed as he described the events that caused him to seek emergency treatment. "Well, I was at home . . . uh, naked, you know . . . and I sat on a chair. A light bulb was on the chair—but I have no idea how it got there!—and when I sat down, it went inside my butt. It's still there. I couldn't get it out."

Sure enough, the light bulb (a 60-watt GE, in case you're curious) was still inside his rectum. Unfortunately, the bulb had shattered, which was causing Bart to bleed profusely. We stabilized him in the ER, and he was taken to surgery for removal of the glass and repair of the rectal cuts. It's a good thing that he came to the emergency room, because he otherwise would have died from blood loss.

Here are the similarities, and the one variable:

Gender: I suppose there are a few women out there with—oh, how should I phrase this?—rectal proclivities, but men far outnumber the women.

Age: Typically in the horny years, when libido often exceeds brainpower.

Embarrassment: It's genuine.

Wacky story: Concocted in a futile attempt to deceive the ER doctor into believing that they're a regular Joe. Spare me the embellishment, please.

I'm here to treat you, not judge you (scam artists, welfare frauds, and narcotic-seeking junkies excepted).

Fruitless attempt at removal of said foreign body: Hoping to circumvent the ER experience, people often resort to drastic measures of extraction (vacuum cleaners, spaghetti tongs, etc.). My advice? Think of this portion of your anatomy as a one-way valve.

Glaringly apparent lack of common sense: Evidenced by their choice of things that shatter (e.g., glass), splinter (e.g., baseball bats), contain dangerous chemicals (see the next story for an example), or get too hot (ditto).

The variable: Individual preference for the object chosen for insertion. In addition to the ones mentioned above, I've seen people who prefer cucumbers, hot dogs, candles of all sizes, vibrators, and assorted kitchen utensils (e.g., turkey basters)—uh, please don't invite me over for dinner! Yielding to the eternal quest for variety, other folks have corked themselves with an antenna, a broomstick, a flashlight, a test tube, an hourglass, a screwdriver, a shoe, a small glass Christmas tree (yes, it broke), a coat hanger, an assortment of bottles (most surprisingly, a bottle of Mrs. Butterworth's syrup), and a jar of Grey Poupon® mustard. (Didn't one of their old ads say, “Grey Poupon? But of course.”?) Another man inserted a lit firecracker, but he had something on his mind besides a little stimulation of the ol' prostate gland.

Here’s an ER story that came to me in a roundabout way. My brother used to work as a sales rep for a company (I’ll call them Acme®) that made power tools and other stuff for building contractors. They would share unusual stories during their sales meetings. This was one of them.

The rep, who I will call Adam, told about a call he’d received the prior week from a frantic ER doctor. He had a patient with an Acme® glass tube in his rectum, and he had tried all sorts of ways to remove the tube—all to no avail. The doctor asked if it would be OK if he were to break the end of the tube, which was projecting an inch out of the anus. That, he figured, might make it easier for him to get a hold on the tube.

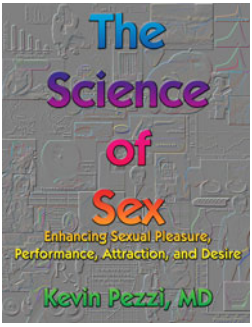
Adam implored, “No! Don’t break the tube!”

The ER doctor inquired why, so Adam explained the technical details. The tube, which was 1¼ inches in diameter and 13 inches long, held two chemicals. When the tube broke the chemicals mixed to form an adhesive. The tube was designed to be inserted into a hole in concrete, into which a chisel-pointed threaded rod was inserted. The adhesive

bonded the rod to the concrete, and 40,000 pounds of force were required to extract the rod once it bonded. That was not the worst part, though. When the chemicals mixed, an exothermic (i.e., heat generating) reaction occurred, which reached a temperature of 500° F. Had the tube broken inside the man, he would have been cooked from the inside out.

Now here's a question for prospective ER doctors: How would *you* handle this case? Breaking the tube is a poor choice even if the tube were empty, because fracture lines through glass can propagate in unexpected directions. Thus, breaking the tube could have turned a minor problem into a major one. So what would you do? Here is a chance to test your creative problem-solving ability. This is something that all ER docs should possess, because they're often faced with situations that aren't discussed in textbooks.

Incidentally, I posed this question on my www.ERbook.net site a few years ago, and I've received only two guesses thus far. One of them was an OK solution, but not the best. There is one way to treat such a case that is both simple and safe. Can you think of it? I'll give you a gold star (and perhaps more) if you figure out the optimal remedy. To submit your proposed treatment, see the Contact Me information on page 3.



You are probably thinking, "I don't need to buy his book. I can read about sex for free on thousands of web sites."

Yes, you can, but even if you spent the rest of your life doing that, you still wouldn't know many of the things in my book. No doctor in the world knows more about sexual pleasure than I do. Don't believe me? Then read some books by various experts on sex, check out a thousand sexual web sites, and then read my book. You will be stunned by how much more I know.

The Science of Sex

Enhancing Sexual Pleasure, Performance, Attraction, and Desire

by Kevin Pezzi, MD
www.sexualtips.net

Cast away your preconceptions of sex books as being a rehash of things you already know and hence a waste of time. By reading this book, you will learn things that Dr. Ruth and other sexologists have never considered.

Reader comments:

Reader in California: "This book completely blows away any other sex book, by a country mile. To borrow an old European country saying: first comes this book, then there's a looooooong stretch where there's nothing . . . then there's a big pile of manure . . . then another long stretch of nothing . . . then every other book on the market. Well, it's funnier in German. ☺ Anyway, you can go to any bookstore, and replace the entire sex section with this book. No one can complain that you don't tell it like it is, and explain what to do about it. It's safe to say there won't be any other book out there to touch this one for interest level, straight talk, and practical advice. Congratulations!"

*Scott in Seattle: "*Dr. Pezzi, you spoiled my whole weekend! I bought the book on Thursday and then proceeded to get *nothing* done until I finished it many hours later on Sunday! *The Science of Sex* may have made me ineffective at getting my work done but it made me much more effective with my lover. It was filled with great information and real action items. I am very impressed and appreciative."

A fellow MD: ". . . it is vastly superior to anything I have seen on the topic from a medical view."

Reader in US: "I'm reading the book now . . . fascinating, and extremely well written. At 20 bucks, an incredible bargain!"

Reader in New York: "I am in the midst of reading *The Science of Sex* which I ordered from you a couple of weeks ago — VERY interesting and very useful stuff. Well done."

Reader in Florida: "Dr. Pezzi, I absolutely love *The Science of Sex* & your website. I cannot put into words how much I appreciate and respect your knowledge and attention to detail."

Looking for Love in the ER

A young man had come into the ER with his girlfriend for suturing of a cut he had on one of his hands. The procedure was uneventful, but the conversation during the repair was not what I had expected. His girlfriend, Kris, asked, “How much money do you make?” Not wanting to answer that question, I merely smiled. She then speculated, “I bet you make $20 an hour, don't you!”

One of our star nurses, Larry, happened to be in the room at the time, and replied, “He makes more than that!”

Her eyes now gleaming, she said, “Wow!” and continued her speculation. “I bet that you make $40 an hour, don't you?” Again, I smiled and said nothing.

Larry piped in, “Higher!”

Reaching an apoplectic frenzy, Kris blurted out, “I want to date you!”

Mind you, this conversation occurred in front of her boyfriend! I felt sorry for him, as he seemed to be a very nice young man and he certainly did not deserve anyone as shallow as her. I kept wondering what she would have said—*or done*—if I had told her how much I really make.

In retrospect, I wondered why the boyfriend didn’t say anything when she indicated that she wanted to date me because of my income. Not even his countenance gave the slightest clue that he was surprised or upset by this sudden glimpse into her character. Or, perhaps he knew that his time with her was destined to end the minute she found someone with more cash.

When I began working at the hospital in Lakeshore, I lived in Mapleton, which was 63 miles away. Consequently, I would usually stay in Lakeshore while I worked for a few days, and then go home to enjoy some time off. One of my first routines upon arriving home was, not surprisingly, listening to my answering machine. One message was brief, but to the point, saying in a seductive female voice obviously tinged by alcohol, “You treated me in the emergency room, and now I want you to treat ***me!***”

I racked my brain trying to think who it might have been, not because I would have done anything with her, but simply out of curiosity. Given the number of people that I see in the ER, it was difficult to associate her

voice (the alcohol didn't help, either) with any patient that I had recently treated.

Some women are more immediate in their approach. A couple of years ago, while wearing a green scrub suit and standing at the nursing desk writing orders, a patient asked one of the staff members a question about me. In a loud voice she inquired, “Is the guy in the green pants a doctor?”

When told that I was, she exclaimed, “He's a cute little thing, isn't he?”

For some reason, people tend to perceive me as being small. This is baffling to me, since I am 5' 8½" (and don't forget that extra ½"!) tall, which is very close to the average height of a man.

Several months later, I went into an examination room and asked a patient how she felt. She paused briefly, smiled, and said, “The more I look at you, the better I feel!”

Another young lady, lying on a gurney in one of the hallways, blurted out, “There's that cute Dr. Pezzi again! I saw you a few months ago. Remember me?”

Such comments surprise me, because I never thought that my appearance warranted such encomia. I suppose there is something about a “doctor's coat” that makes a man more appealing.

On the other end of the age spectrum, a 67-year-old lady being seen for chest pain asked me, “What are you doing when you get off work?”

As I tend to have a thick skull sometimes, I asked her, “Why do you want to know?”

In an ardent and almost hormonally-induced ebullience she proclaimed, “*So we can party together!*”

At least she, and the others mentioned above, were nice enough in their approach; I cannot say the same for the following person.

Working the afternoon shift a few years ago, I asked the other doctor working with me if he would mind seeing a patient. This patient made a few prefatory remarks that led me to conclude that my encounter with her would not be on a very professional level. Although the administrators at my hospital might find this hard to believe, I do try to steer clear of trouble, but the other doc wouldn't help me. “No, you go see her, Kevin. She's *cute!* She likes you!”

The patient did not waste any time. “What's your phone number, Doc?”

Feigning stupidity, I asked, “Do you mean the number of the emergency department?”

“No, I want your *home* number!”

Trying to reply in a gee-why-would-anyone-want-that? tone of voice, I said, “Why?”

Leaning forward, smiling, and rolling her hips slightly, she explained, “Because I want to date you!”

Still acting stupid, I inquired, “Why would you want to date *me*?”

She was blunt, and without batting an eye she said, “Because I want to make love to you!”

Having met this person about five minutes ago, I knew she was not one to waste time. Without any encouragement on my part, and perhaps in an attempt to entice me, she then went on to describe in graphic detail other things she wanted to do to me. And then, in a tone of voice that suggested that her next comment would not conflict in any way with what she had just offered, she continued, “Oh, I think I may have AIDS. Can you check me for AIDS while I'm here?”

I wasn't surprised.

Julia was another devotee of the direct approach. I'd seen Julia in the ER recently, and she apparently liked me, because she came to give me the key to her apartment. I wasn't working on the day she returned, so she gave the key to the on-duty ER doctor, asking him to forward the key to me. This piqued his interest, so he began chatting with her. It did not take long for the doc to realize that this person was deranged, so he committed her to the psychiatric ward. Another great romance bites the dust.

“I don't want to get married again, I just want to sleep with you.”

Typical guy-talk, eh? Nope. This was uttered by a former patient when she called me at home. Obviously, being bashful was not one of her problems. As the conversation progressed, I began to think that she may have taken the “Reach out and touch someone” AT&T slogan just a bit

too far. Somehow, I had a difficult time picturing ol' Pez transmogrified into a stud. Perhaps a tad less implausible than Mr. Rogers moonlighting as a male escort, but shocking nonetheless. This being impossibly at odds with my self-image, I declined her generous offer—uh, offer***s***. She apparently did not believe me the first time I said no, so she called a few weeks later to see if I'd had a change of heart. I hadn't. She was clearly irritated by this, and she angrily told me that she couldn't understand why I did not want to have recreational sex. I ended this discussion by telling her to call the State Board of Medicine and ask them if it was OK if I slept with her. I knew they'd say no, so I felt as if I were off the hook. A cheap trick to get her off my back, but it worked. She called another week later to inform me that she had discussed this matter with her friends, and they concluded that I never would have made such a request if I truly wished to sleep with her. They're right.

I suppose I could have been a bit more gracious in dealing with the woman in the above story, but her abrasive approach annoyed me. Another former patient, Ally, was even more persistent and, much to my chagrin, a very nice person. After I declined her offer of a date, she sent me notes, baked cookies for me, and repeated her request every time she saw me. I'm a sucker for kindness, and she was such a nice person that I had a difficult time saying no to her.

After a while, Ally began asking me *why* I didn't wish to date her. That made me very uneasy, because I did not feel as if I could tell her the truth—namely, that I wasn't attracted to her. I could have dealt with this by employing one of the stock deceptions such as "I already have a girlfriend," but I deplore such dishonesty.

A year or so later, I ran into Ally and her six-year-old son in a Wal-Mart store. Perhaps I read more from his facial appearance than was warranted, but he seemed to look at me in a way that suggested, "Is this the new Dad you've been telling me so much about, Mom?"

A few seconds later, Ally asked me out again, and this time I had no white coat or telephone to hide behind. I panicked, and wondered how to respond.

"I plan on moving soon," I explained.

"That's OK," she countered matter-of-factly. "We'll move with you."

Yikes, *move with me?* Thoroughly discombobulated, I couldn't think of any suitable truth to explain why I couldn't get involved with her, so I said

that I could not date her because I met her at work. She seemed to accept this, so we said our goodbyes and departed.

Can doctors date former patients? That's a good question, and it is one of the 1001 practical topics that medical schools never cover, even though romantic sparks are bound to affect many patients and doctors. I received questions from a few readers who wondered if it was OK to date a doctor. Here is the first question:

Q: Hello Dr. Pezzi,
I recently saw a new doctor who diagnosed me with kidney stones. I think that she is quite charming. If we are both single, are there any ethical reasons why the two of us cannot date if I switch to another doctor? Thank you, Jeff

A: I researched this matter by contacting the American Medical Association. The following list presents a synopsis of their ethical guidelines and my interpretations of them:

• If a physician-patient relationship currently exists, sexual contact is unethical.

• The physician-patient relationship should be terminated before initiating a dating, romantic, or sexual relationship with that person.

In Jeff's case, there does not seem to be any ethical obstacle that would preclude dating if he is not currently being treated by that doctor.

Here is an e-mail exchange I had with another reader:

Q: I was attracted to my doctor the first time I met him. I have never before had this kind of instant attraction to any man. I think I like him so much because I really go for smart men with a compassionate side. While I am normally shy, I have managed to flirt with him a little bit. He kids with me and seems not to mind my flirting.

I guess my concern is that what I see as possible interest on his part could just be a great bedside manner. Maybe he is naturally nice to all his patients.

This would be so much easier if he were my cable guy or someone I met in a grocery store! I have so little experience in flirting and reading men for positive signals because they will approach me first. How can I tell if he really is interested? Is there anything I can do or say to let him know I want to get to know him?

By the way, I'm being treated for anemia, so it's not like I have some scary disease that would be a turn-off. Thanks, Judy

A: This is definitely a touchy situation. On one hand, you don't want to create an uncomfortable situation if he is not attracted to you. On the other hand, you do not want to pass up an opportunity for a potentially great relationship.

I assume he is not married, but he may already be involved with someone, unbeknownst to you. Assuming that he is available and attracted to you, he still may not want to become involved. Why? State medical boards frown on doctors becoming sexually involved with current patients. I exhaustively researched this matter a few years ago when another reader asked me a similar question. From what I determined, the only relatively safe course of action is for the doctor to terminate his professional relationship before he becomes personally involved. I said "relatively safe" because there is always the potential for you to raise a stink with the medical board, regardless of when he last saw you as a patient, if things don't work out and he ends the relationship. You strike me as someone who is not likely to do this, but some woman, somewhere, gave credence to the phrase "hell hath no fury like a woman scorned." In fairness to women, rejected men can be equally malevolent.

I think the most logical way to proceed is to:

1. Determine if he is available.

2. If he is available, determine if he is willing to risk dating a patient who is agreeable to becoming an *ex*-patient.

3. If he is willing to date an ex-patient, determine if he is interested in you.

You can do this on your own, of course, but it may be a delicate situation, as I discussed above. If you want, I will intercede on your behalf if you give me his name and e-mail address (I won't tell him your name). Thus, if he is involved with someone, or not willing to date a former patient, then you needn't go through the uncomfortable situation of telling him that you are interested.

PS: I just had another thought about your statement, "Is there anything I can do or say to let him know I want to get to know him?" Yes, there is. If you want to handle this matter on your own, you could look him in the eye, pause for effect, and then say, "I like you." If he pats you on the shoulder, gives you a perfunctory brief smile, says "I like you, too, Judy," then resumes from where he left off, it is a safe bet he is not personally interested in you. On the other hand, if he stops dead in his tracks and looks stunned, that is because he is searching for a way to let you know he is interested, without doing something that might run afoul of the state medical board.

Judy's response: **I'm so glad you answered. I never thought about the potential impact on his career. That probably sounds selfish, but it just didn't cross my mind.**

I've already asked an appointment clerk if the doctor is single (he's not married and is not known to be dating anyone), and I believe word got back to him. I saw him again and I think that if he isn't interested, he is definitely flattered. I believe he was giving signals of interest. He's going to call in the next couple of days with some lab results. I'm just going to take a huge risk and mention my attraction. Since it will be over the phone, I think I can get up the nerve. I will offer to see another doctor from the start so that we both have a face-saving out.

I still can't believe I am being so bold, and I hope it doesn't turn him off, but I think I'd rather know one way or the other. I appreciate your offer to contact him, but I still might chicken out, so I will hold off that for now. (I had one male friend tell me that he finds it flattering when a woman takes the initiative in breaking the ice. Do you think a lot of guys feel that way?) I'm in Alaska and up here we have to be creative when it comes to connecting with people.

I don't know whoever decided that women are more complex than men! You guys are so hard to read. Like I said, I believe this particular man was giving off signals. At least I know he wasn't repelled! ☺

I have to admit that I am enjoying this situation. It is both horrible and wonderful to the extreme. I will let you know what happens. Thanks so much for your response.

My reply: Please keep me posted on what happens. I am so excited for you! ☺

Less than two hours later, she wrote again:

If you thought I was embarrassed before, you won't believe how awful I feel now.

I spoke with my doctor a few moments ago and took the plunge. I told him that I had wanted to ask him a personal question before but had lost my nerve. Then I asked if he would ever want to get together for coffee. He hesitated, said that that was interesting. Then he said it probably wasn't a good idea since his girlfriend probably wouldn't understand. He also added that it was "very kind" of me to ask though.

I am completely embarrassed. I don't think I will have a problem seeing him again as my doctor. I will just apologize and feel like an

idiot for the first few minutes. But I know that I will never take the first go again.

Anyway, I just wanted to let you know how it went. Thanks for your help. I did it and blew it, but at least I did it.

Dr. Pezzi: First, you didn't blow it. You did one of the best things that someone can do: actively pursue what they want. I (and many others, no doubt) learned this lesson the hard way. Letting opportunities pass by is a great way to ensure future “What if?” feelings. Now you don't need to ever wonder what MIGHT have happened.

It's too bad you live so far away. Otherwise, I'd take you out for coffee and cheer you up. You sound like a great person. Call it my ER intuition. In any case, I doubt that you will have any problem finding a great guy.

Judy: You’re too nice. I feel so awful right now, and I needed to hear every single thing you said. I just don't know if I will be able to drink coffee for a long time now! ☺

Now that I know I don't have a chance with this guy, I almost wish I'd left things at the "What if" stage. Right now, I'm just dreading the next time I have to see him. I keep telling myself that at least I didn't have to look at him when he turned me down.

I've bothered you so much already, I almost hate asking you about something else: did I completely misread this guy, or could it be that he is protecting himself? At any rate, I've learned my lesson. I guess it's not very nice of me, but I can always pray that he remembers me if he and the girlfriend ever break up! (I don't really wish that on him. He is too nice of a guy.)

What's so ironic is that I actually turned down a guy who approached me in the store yesterday. I had my heart set on the doc, and couldn't even think about other guys at the time. I guess now is when I should be glad that I have work to bury myself in.

Response from Dr. Pezzi:

> . . . did I completely misread this guy, or could it be that he is protecting himself?

I don't know. It'd be easier to tell if I'd seen him interacting with you, to see if his behavior was just very pleasant/friendly/trying to be a nice doc & have patients love him, or if he was perhaps projecting stronger signals of interest.

> What's so ironic is that I actually turned down a guy who approached me in the store yesterday.

You must be beautiful! ☺

Judy: Hi Kevin,

Okay, so you are smart, funny, and nice. I saw the photos of you & I think you are cute. You'd better watch out—you know I fell for one doctor! ☺

I have decided to believe (OK, my ego believes) that he is/was interested. Maybe this just isn't a safe or comfortable situation for him right now.

I don't know about beautiful, but I don't think I am ugly (and maybe that is my ego talking again!). I don't look my age, and I know that can be more of a disadvantage than people think. ANYway—thank you for the compliment. At least I feel more beautiful after all your kindness. If you ever get to Alaska, I will have to take you for a cup of coffee.

I don't know if you want to be bothered, but I could let you know how things go when I see this guy again. I know he's probably "consulted" with his co-workers, so I expect to have a reputation when I get back to the clinic. I am going to let him know I meant no disrespect. He is a great doctor, so I hope he doesn't pawn me off to a colleague. (I just keep digging holes to crawl into, huh?)

Keep being a nice person, Kevin. You don't know how having you out there helped me through this. I was afraid I would feel intimidated by someone as smart as you, but all I feel is a lot of respect.

Thanks, Judy

Two days later, she wrote again:

How are you? It's a beautiful morning here.

I have to tell you that I thought for a very long time about something you said in your last e-mail. You commented that I must be beautiful. I honestly didn't know how to respond. I was very wary of what my response would reveal: vanity or a lack of self-esteem. I wasn't feeling so hot about myself either. Anyway, I went for a walk last night with a good friend and I asked if he thought I was physically beautiful. This guy is someone I can count on to be nice but not BS me. He told me I am beautiful, but that I can come across as being cold. I've known this man for thirteen years, so maybe he sees more in me than others. I was shocked that he sees me as coming across as "cold." What does that say about my communication skills? My self-awareness?

I think this whole situation has been good for me in many ways. It took all I had to ask the doctor out, and now I want to be more adventurous in everything. I've allowed some friends to talk me into going on a powerboat ride up the Kenai River. That may not sound like a big deal, but I am terrified of deep water because I can't swim.

Well, I hope you stay in touch. We have almost nothing in common, but you're the only one to go through this whole experience with me, and I feel like I have made a new friend. I find myself looking forward to hearing from you.

Judy

In retrospect, I wonder if the "I have a girlfriend" excuse given by Judy's doctor was valid, or just a convenient way out of an uncomfortable situation? Later in the book, I'll present a case in which a beautiful young woman (a patient's granddaughter) handed me a note in the ER making it very clear that she was interested in me. For guys who are as plain as I am, such events happen once in a lifetime, if that. Did I call her, as she requested? I did not have a girlfriend then, and I wanted her as much as a man lost in the desert wants a glass of water. However, at that time I did not have any ethical guidelines to help me decide if it were permissible to date her, so I didn't call. Judging from what I know now, I think that I was being overly cautious. Perhaps Judy's doc was equally perplexed about this ethical matter, so he (like many doctors) chose the safe response.

After telling one of my colleagues that a few female patients had recently asked me out for a date, he speculated, "I wonder if women would ask me out if I stopped wearing my wedding ring?"

Ouch! A prominent, though inebriated, local business owner came to the ER with a cut near an elbow. She was in her mid-30s and strikingly attractive. Successful, intelligent, beautiful—and a *woman*—well, she seemed out of place in an emergency room. Nonetheless, she made herself right at home. Since her cut was on the back of her arm, I had her lie in the prone position, with her injured arm extended along her side. Halfway through the suturing, she began rubbing my upper thigh. This was not exactly on my list of the "Ten most likely things to happen during my shift," and I was literally frozen, unable to speak or move. A few seconds later, she glommed onto a nearby portion of my anatomy.

Then she squeezed. *Hard*. Reflexively, I jumped backward, still mute. Her head, which had been resting on a pillow, turned toward me. She smiled sensuously, and purred that her exploration was unintentional. *Sure*.

Incidentally, she was injured when she fell through a glass table at the home of the town's richest man, who was a longtime benefactor of the hospital. The patient was married, too, but her husband wasn't with her. I didn't think that it was relevant to inquire why, and I did not want to risk any more bad blood.

Within a few seconds of her hitting the door (ER lingo for entering the emergency department), she was in what could be best described as a catfight with one of the nurses. I knew that I would be the one to take care of her injury, and I didn't want an angry patient to work on, so I intervened. No great mollification, just a matter-of-fact "What's your injury? OK, let's repair it" response. Little did I know that less than an hour later she would be fondling my genitals. This seemed even stranger because I discovered, thanks to more chitchat, that she was the daughter of a doctor that I knew from my years working in another hospital a few hundred miles downstate.

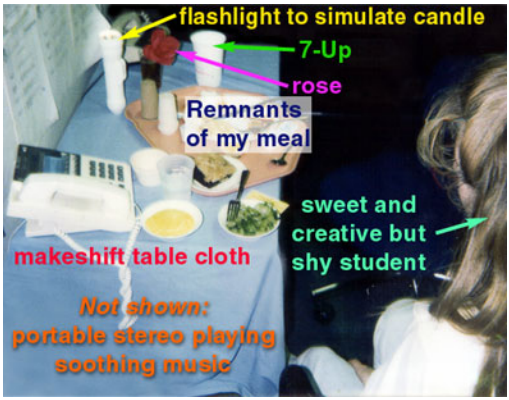
I wasn't surprised when I saw that her BAL (blood alcohol level) was almost three times legally drunk. I also wasn't terribly surprised the next time I saw her, which was two years later when I bumped into her at a local restaurant. She looked happy to see me, as if we were old friends, and asked if I wanted to have a drink with her and her husband, who was with her, thankfully. I said that I couldn't because I was on a date (true), and so I resumed my trip to the restroom. I guessed that her BAL was about the same as it was in the ER, but she seemed joyous, ebullient, and gregarious, not overly plastered.

This must be an old restaurant, I thought, when I saw just one urinal in it that looked like a trough. From its length and absence of dividers, it was obviously intended to be used by multiple men simultaneously. Thankfully, no one else was in the room. This event occurred before I discovered how to trigger what amounts to a "second puberty" of penile growth—which I describe in *The Science of Sex* (www.sexualtips.net) and *Advanced Enlargement* (www.sexualtips.net/ae.htm). So, at that time, I was especially fond of privacy.

However, no sooner had my zipper come down than the husband of my former patient walked into the room, standing beside me at the urinal, unnecessarily close considering its length. I wondered if his appearance and proximity were a coincidence, or just an attempt to intimidate me into revealing something. I speculated about what might be on his mind. I considered a half-dozen possibilities when he finished his business, washed his hands, and returned to his wife. I took another route back to my table.

Everyone has certain life experiences that are cherished memories; this is one of mine. The hospital in which I worked is a teaching hospital, meaning that we trained physicians, nurses, and paramedics. Annette was enrolled in the paramedic program. I would often have the paramedic students follow me around so I could teach them and involve them in interactions with patients.

On her first day in the ER, which was very busy, Annette accompanied me on my rounds. After a few hours, I made a comment about wishing that I could eat, which I could not do because the ER was too busy to allow me to go to the cafeteria. Annette then disappeared for several minutes. Walking into my office a short time later, I was astounded! The lights were off, and the room was illuminated by a flashlight that Annette had directed at the ceiling to simulate a candle. One of the tables was covered by a makeshift tablecloth—not exactly a stock appurtenance in an ER. Annette had china, silverware, napkins, salt and pepper shakers, and a smorgasbord of food covering the table. She also had a bouquet of fresh flowers, placed in a vase that she had improvised from the ER paraphernalia. Music played softly in the background. *Gulp*. I was so taken by what Annette had done, I probably would have asked her to marry me, if she were older.



Annette's impromptu dinner for two.

A beautiful 17-year-old patient once asked me to a boat party. Perhaps having spent too much of my life staring at books and playing with transistors, I had no idea what a boat party was, so I asked her, "Ah, what's a boat party?"

Tara explained, “It's where we get together on a boat at night and drink!” Cognizant that I am somewhat of a nerd, I was certain that I—28 years old at the time—would have very little in common with a group of drunk teenagers. It would also make for quite a scandal; I can hear it on the TV, “Doctor parties with group of intoxicated teens. Story at 11.” I passed.

Nevertheless, Tara was not easily dissuaded. I’d originally seen her in the ER for a minor hand abrasion, and ordinarily one ER visit would be more than enough for something like that. However, Tara would have her Mom bring her back to the ER at least once per day, ostensibly so that I could check her wound and change the bandage. Tara made quite a spectacle out of the fact that “only Dr. Pezzi can touch me,” so the nurses had a great time teasing me about this impossible puppy love.

One of the ER techs, who apparently wanted to get me fired, kept telling me that an 11-year age gap was not a big deal. He thought that I should ask her out because “she’s cute and seems like a lot of fun.” I may not have the wisdom of Aristotle, but I certainly have enough sense to steer clear of jail bait. No way, I told him.

And that was that, or so I thought at the time. Years later I bumped into Tara in a grocery store, and I learned that she’d been married and divorced. “How ‘bout you,” she asked, “you married?”

“No, not yet. I’m still looking.”

Actually, that was something of a lie. I wanted to get married, but a couple of years before I’d concluded that every intelligent, attractive, kind woman who had her head screwed on straight was already married. After deciding that, I thought I might as well move up north where there is even less chance of finding a desirable woman but a heck of a lot more snow on which to snowmobile.

Tara smiled. “You want to go out sometime? I’m not dating anybody. Tell you what, I’ll call you. You’re in the phone book?”

She never called. Instead, she showed up at my home on a warm summer day. I heard the doorbell ring when I was in my downstairs shower, and the second I heard it I regretted not installing an intercom from my porch to that room. I threw a towel around me and left a trail of water as I headed upstairs.

I was more than a bit surprised to see her, and I couldn’t believe that she had not called first. Oddly enough, she didn’t look the slightest bit fazed by the fact that I was standing before her half-naked. “I was in the shower.” As if that needed to be said.

“Go ahead, finish your shower. I’ll wait.”

When I returned upstairs, she was sitting on my couch, thumbing through a book. She asked if we could sit on my back deck, and I agreed. Perhaps I'll get a clue, I thought.

No such luck. After speaking with her for a few hours, I still did not have any idea why one of my neighbors warned me not to become involved with her. He did not know that she'd been a patient of mine in the past, but somehow he knew her—or knew *of* her. I told him that I'd met her in the grocery store, and as soon as I mentioned her name he cautioned me about her. Somehow I never got around to asking *why*, but as Tara and I sat on my deck I secretly mused about *how* he knew her. Since my neighbor was an attorney, that opened up many possibilities. Bad possibilities.

About the only thing that Tara seemed interested in discussing that day was her stretch marks, which she was ashamed of because she thought they marred her otherwise flawless body. Perhaps because I was a doctor, and perhaps because she wanted to judge my reaction to them, she pulled up her shirt.

"Do you have a child?" I asked.

"No, she's gone, but I still have these marks to remind me. What do you think of them?"

I wasn't sure what she wanted from me. A couple of the women I've dated were reluctant to show me their bodies because they feared they would not match up too well against the thousands of naked bodies I have seen as a doctor. Evidently they imagined that every ER patient who needed a breast or pelvic exam was a Scandinavian teenage supermodel. Little did they realize how different the bell curve really was.

I gave Tara a few tips on what she could do to minimize the stretch marks, but I explained that there were not any highly effective treatments. Going back to the still-unanswered question in my mind, I knew that my neighbor hadn't counseled me to avoid her because of the stretch marks. A suspicion crept up in my mind, but there was no courteous way to ask her about her missing baby and whether she'd gotten off on a technicality. Or perhaps that wasn't her dark secret after all. But what was?

As the sun slipped behind the western trees on my property the summer air quickly lost its heat, and Tara suggested going inside. She had on nothing but a T-shirt and a pair of *short* shorts. Before we had taken more than three steps into the house with Tara in the lead, she turned around and threw open her arms for a hug. One of the things I've learned as a doctor is that there is no good way to get out of a hug, but off the top of my head I cannot recall any patient who'd initiated a hug that I was not glad to give—except this one. I thought it was somewhat

creepy that I was alone with someone whom I'd been somberly warned not to become involved with for a reason that still puzzled me. But what could I do? I hugged her, but I did not reciprocate with the same interest as she was expressing. As we separated, she mentioned that she was now unable to have children. I wondered what the intended effect of that revelation was. Was she suggesting that we could have sex without a condom while avoiding the possibility of pregnancy? Did she want sympathy and another hug, this one with a bit more zest behind it? I don't know. Figuring out women is not my forte, which may be one reason why I'm not yet married. I usually do not realize what women want until six months after we've broken up, and those relationships were decidedly more straightforward than my current situation with Tara.

I had to admit that I was tempted, though. "Delicious" was the best word I could think of to describe Tara's legs, and it had been a *long* time since I'd been with a woman. But, horny or not, I couldn't get over the fact that Tara had once been my patient, and that someone I trusted implicitly had warned me not to get involved with her.

Tara then gave me a puzzled look. I think that she was used to consorting with men who, when given the same hints as I had just received, would now likely be groping intimate areas of her body. But they'd not had the same baggage that I had to contend with: former patient, and dire warning from a well-respected source. OK, that's it, I thought. No sex, no Tara, no way.

I am sure my face revealed that I had something on my mind other than sex, so she said, "I'd better go now." Finally, that *was* that, and she left.

As soon as she walked out my door I lost all interest in finding out why my neighbor warned me about her. I was content to put this matter to rest, but when I mentioned to a friend that I was writing about this story, she convinced me I had to find out more about Tara's past. That proved to be a greater challenge than I'd anticipated. I thought my neighbor would explain it to me, but he said that he couldn't because he was obligated as an attorney to keep information about her confidential. I didn't know how else to proceed, so I called her up.

"Gee, it's been ages. I didn't think you were interested in me, Kevin."

"I thought I might be coming down with a cold that day, so I did not want to risk giving it to you," I lied.

"That was considerate of you. So how have you been?"

"Busy as usual. How about you?"

"Fine, but I've had a frustrating weekend. I bought a computer a couple of months ago, but lately it's been crashing all the time. Do you know anything about computers?"

“I know a few things. Do you want me to take a look at it for you?”

She did. The only way I could think of to correct her problem was to reinstall Windows, and after that her computer seemed to work OK.

“How did you learn so much about computers, Kevin?”

“I really don’t know very much, but I had one computer in the past that I could keep running only by reinstalling Windows every week or so.”

“Hey, I also wanted to thank you for giving me the tips on reducing stretch marks. They’re not gone, but they look better. Want to see?”

The improvement surprised me. The marks were now just barely visible, but I knew that some of the apparent reduction may have been due to the fact that she now had a tan, and tans can temporarily camouflage stretch marks. But, temporary or not, I liked what I saw. She had been wearing an ankle-length dress, but to show me her abdomen she just unzipped the dress and let it fall to the ground. There were those delicious legs again, now looking more delicious than ever. Because of her bra and panties, I could not see much more of her than I could on the day she had unexpectedly dropped by my home, but I now felt a surge of blood in my groin.

“Well, do you like what you see?”

I could not answer that directly. While part of me was all too ready to forget about her murky past and give her redemption whether she deserved it or not, I still had enough functioning brain cells to realize that the decisions made by testosterone are often the ones that lead to regret. “They’re much better. Did you follow all of my tips?”

“Every single one of them. Thank you, Doctor!” she said while stepping toward me as if for a hug.

Knowing that my willpower was tenuous, I knew this was a hug I had to avoid. I suddenly interjected, “Hey, I’ve got an idea. Let’s go out to eat. Are you hungry?” Anything to get out of her place.

A flash of disappointment spread over Tara’s face, then her mouth widened into a smile. “*Yes, I’m starved!*”

Tara seemed too ebullient for someone who was merely hungry. After all, she’d just finished her lunch when I arrived five hours before. I surmised that her vehemence was attributable to the fact that I finally seemed to want to do something with her that couples normally do.

As we ate dinner, I contemplated how I could pry into her past without seeming too nosy. Finally, I decided to begin talking about my neighbor, the attorney. “Bill is a great guy. I’ll never forget the first day I moved to

this area. I did not know anyone, but he and his wife came over and introduced themselves. I ended up going over to his home that night, and we spent several hours talking. It was nice to make a friend so soon. Normally, I am fairly shy and it takes me a long time to make friends."

"I've noticed," Tara said wryly. "Yeah, Bill is a great guy, and a sharp attorney, too. He really helped me out once."

I wanted to see if she would take the bait. She did.

"Really?" I asked. "How so?"

"Remember how I asked you in the ER years ago if you'd go with me to that boat party?"

"I'll never forget it."

"Well, I wish you would have gone with me that night. I didn't have a date, but I still tagged along with my friends. One of the guys who was there figured that if I did not have a date, then I'd automatically start messing around with him. Dave was not my type, but he wouldn't take 'no' for an answer. He kept pestering me, and I kept telling him to buzz off. However, after I'd had a few drinks I stopped brushing him off. It felt really good the way he was kissing me, and before I knew it we were having sex. The booze then started to wear off and I began crying 'cause this was my first time and it wasn't the way I wanted it to be. I told Dave to get off me but he wouldn't. After he came I got really worried because I knew I was in the middle of my cycle. My girlfriend Beth told me not to worry because I could go to the doctor and get a morning-after pill to prevent pregnancy."

"Did you do that?"

"Yeah, but it didn't work. The doc told me it isn't 100% effective."

"That's true."

"I couldn't get an abortion because I think it's a sin, so I had the baby even though I didn't really want it. My Mom kept urging me to get married so the kid would have a father around. I wasn't crazy about Dave, but he'd gotten a job working for some really rich guy, taking care of his yard, and making pretty good money. Then Dave started having problems with his back. He called me from work one day and asked me to bring over his pain pills, and that's when I met his boss, Allen. I think Allen took a real hankering to me because after that he treated Dave as if he was a buddy instead of an employee. Allen would invite us to go boating with him and his wife on the weekends, and he was always taking us out to dinner. That's when we got to talking and Dave and I told him about our baby and how we both thought we were too young to have a kid. Allen and Liz—that's his wife—told us how they'd been trying to

have kids, but couldn't. They'd both seen all kinds of specialists and had all sorts of treatments, but nothing worked. They were considering adoption, but they were very picky about how they wanted their kid to look. Then Allen asked if he and Liz could adopt our daughter—I guess he wanted a daughter that looked like me. Dave was all for the idea, but I was becoming attached to her, so I was reluctant. That's when Allen pulled out all the stops. He'd take us with him on his private jet on trips around the country, and we even flew to Europe once. He treated us like royalty. After all that, I couldn't say no. Plus, he'd offered us $100,000, and Dave and I planned to use that money to buy a new home. So we let them have our daughter. That's when I met Bill, who handled the adoption for us. Bill told us that Allen might pay even more, so he negotiated with Allen's attorney and we got $25,000 more. Allen wanted another child and Dave kept asking me to stop taking the Pill, but I didn't want to have another kid, not even for $125,000. That's when Dave and I started fighting all the time. I hated being pregnant, throwing up all the time, and the pain of childbirth was something I couldn't face again, so I had my tubes tied. My doctor didn't want to do it at first because he said I was so young and I might change my mind in the future, but I told him I'd had one kid and that was more than enough for me. Anyway, Dave and I ended up getting a divorce. He said I was being selfish, and I thought *he* was."

The waitress then appeared with the dessert tray and inquired if either of us wanted to try one of their delicacies. Tara said that she was stuffed, and the waitress inquired, "How about you, sir?"

"No, thank you. I've had more than enough."

Tara smiled, thinking that I was speaking of the food. Not the *food*, Tara. The *explanation*.

I will probably alienate a few readers by saying this, but I am always suspicious of mothers who do not live with their children. I once met someone online who was hot and blind enough to think that I was, too. She wanted me to fly down to New Orleans, where she lived, and spend the weekend having sex. I told her that I wasn't interested in sex outside of a committed relationship, so she tried to tempt me by sending several photographs to prove that she was even hotter when she had no clothes on. That she was, but my mind was focused on something else: why didn't her 9-year-old daughter live with her, instead of her grandmother? She explained that she and her daughter were friends, but not like mother and daughter. I thought that was odd, and I repeatedly pressed for an explanation why. She gave more evasive answers, and a few more photographs that I *wish* I could show you. Physically more tempted than ever, but fed up with her failure to clarify the mystery of why she and her daughter were just buddies who'd get together every now and then, I stopped writing to her.

It began uneventfully enough. The ER was packed full of patients, most of whom clung tenuously to life. It was past midnight and, as usual, I was the only ER physician working. While writing orders at the nursing station, I glanced up to find a *stunningly* beautiful woman walking by. When I saw the wristband that indicated she was a patient, I was more thrilled than I would have been if I had won the Lotto. That meant I would have a chance to talk with her. Just one problem, though. My *other* patients. They had come to the ER on a pell-mell journey toward death, and it was my job to save them. Accomplishing that feat would take a few hours.

Patiently, she waited. Introducing myself, I felt discombobulated by her whiplash-inducing beauty. Her face was gorgeous at rest, but when she'd talk or smile, it moved in an indescribably delicious dance, sending waves of rapture through my increasingly apoplectic mind. I'd never before, or since, seen a face move that way—a way that, until then, I would have thought to be impossible.

To her cat, though, that face was not a work of art to be treasured, but a launching pad to escape from a feline nightmare. Lori's cat had been sleeping on her pillow when he suddenly awoke in terror. Bolting for the confines of safety, his claws had shredded a 5-inch patch of skin on the side of Lori's face. I'd seen plenty of cat scratches before, but never anything this deep. Undoing that damage would require more than an hour of meticulous work, not enough time for my discombobulation to dissipate, but sufficient time to flirt. I offered to remove her stitches myself, and she accepted. Sure, it was primarily a ruse to see her again, but I also deemed it medically necessary. Lori's personal physician was not noted for his surgical skill, and the thought of him clumsily attempting to remove the tiny stitches that I'd so carefully placed left me cringing.

A few days passed and it was time for suture removal. I drove to her home and removed the stitches. A professional success, but a personal disappointment. I was almost ready to leave and she had not reciprocated any interest. Being realistic about my chances of dating a goddess, this hardly surprised me. Then she said that she wanted to see my house. This could mean that she had an interest in architecture, or me. I was hoping for the latter.

A few months later, she told me that her interest in my home was simply *her* ruse to see me again. Necessarily coy, I thought at the time.

We tried dating, if you can call it that. Most of our “dates” consisted of her stopping by for a couple hours so that we could have dinner together before I went into the ER for the night shift. In addition to my weekday

shifts, I worked every other weekend. On my weekends off, I would have loved to get together with Lori so that we could spend more time together. However, she arranged her schedule so that she would drive 300 miles north to visit her parents when I was off. When I worked the weekend, she would stay home.

After a few months of this, I knew it could not be a coincidence. I suggested that I would like to accompany her when she visited her parents, but she never agreed to that. She worked a 9-to-5 job during the week, with all weekends off. She had the flexibility to change her weekend plans, but obviously did not want to. Eventually, she explained that she spent a lot of time with her last boyfriend, and things didn't work out, so she thought that her odds of having a successful relationship might improve if she spent less time with me. Or so she said—it's difficult to believe that anyone could actually think that.

I don't know if it was Lori, or me, or some terminal incompatibility between us, but I can't recall one second in which I felt comfortable in her presence. Perhaps I was intimidated by her beauty, or perhaps it was something else. Shortly after she met one of my brothers, he took me aside and said, "Kevin, she's as cold as a damned ice cube!"

In an instant, this opinion crystallized the nagging doubts I had about our potential compatibility. Indeed, she did not seem to exude much affection toward me. At the time, I tried to excuse such coolness as being a manifestation of shyness. That may have contributed to some degree, but I think the problem may have had another fundamental root: namely, that her relative indifference to me stemmed from her doubts about whether I was the best catch that she could realistically obtain. Lori wasn't unique in this regard, because almost all people, consciously or not, try to assess if they might land a more desirable spouse by dumping the person they're now dating and resuming their search for someone even better.

With this in mind, I put myself in Lori's shoes. Anyone as stunningly gorgeous as she was could marry just about any man . . . so why should she content herself with an ER doc who looked like me?

Perhaps there was another explanation. Her first husband was tall, but otherwise not particularly attractive. He drove a sandwich truck, and supplemented their income by growing marijuana in their apartment, which he both used and sold. Lori said that he once tried to reassure her by saying, "If you hear sirens a few minutes after I leave, don't be alarmed."

I've never had much self-esteem in the dating department, but try as I may to deprecate myself, I found it difficult to believe that I wasn't a better catch than someone like this, whom she once found worthy of making her husband. I doted on her and treated her like royalty. Anything

she wanted, I gave. I took her out to eat umpteen times, made meals for her, baked her goodies, composed a song for her that took me a week to create on my computer, invented something to satisfy one of her whims, and generally bent over backward to please her in every possible way. Yet her apparent enthusiasm for me was tepid, at best. I can't recall anything special that she did for me, other than send a few Hallmark cards.

After we broke up (predictably), she married again, this time to a man who beat her. I then began to wonder if her problem wasn't a surplus of self-esteem, but rather a lack of it. Perhaps, deep down, she thought little of herself, despite her ravishing looks, and gravitated toward men who reinforced that opinion by treating her miserably. Her appearance might seem to make her a prime candidate for the *beautiful woman syndrome* (www.bwsyndrome.com), but her choice of husbands suggested otherwise.

My only regret is that she never got to know the real me. I was so intimidated by her that I never felt free enough to reveal my true personality. Who knows—perhaps she was doing the same thing?

The other former patient that I'd dated came to the ER after being involved in an automobile accident. Annette was not nearly as beautiful as Lori, but she was cuter—if that makes any sense—and she exuded sex appeal. Not in a stuck-up sort of way, but in a friendly, oh-so-huggable, chemical attraction that made my hormones rage. It didn't hurt that she came wrapped in a body that seemed to be the personification of lust.

We did not waste much time. On our first date, we raced go-carts, and then went to a movie theater. I didn't see much of the movie, because she was sitting on my lap and—better yet—facing me. If her passionate kissing was at all indicative of her passion for other things, I was in for a real treat. I was in for something, but it wasn't a treat.

Next stop: dinner at a restaurant. I doubt that she would have batted an eye if I'd suggested going to a motel instead, but I'm a bit more old-fashioned (and circumspect) in such matters than you might imagine. To tell you the truth, it did not even cross my mind at the time. Remind me to have my testosterone level checked, will you?

Back to the restaurant. Halfway through dinner, and totally out of the blue, she brought up the subject of marriage. Trying to paraphrase her eloquence, or lack thereof, simply would not do it justice. So, let's turn

the dial on the time machine, and hear it verbatim. As Walter Cronkite used to say, ". . . and you are there."

Annette: You know, I'll marry you, Kevin.

Me (surprised by such a premature revelation)**:** Uh, you want to marry me?

Annette: Yes, and I don't care what you look like, either.

What she lacked in tact, she made up in honesty. Translating her last comment, it became, "Yes, Kevin, I'll marry you. You're ugly, but you have more than enough money for me to overlook that. I'm a gold digger in too big of a hurry to bother with any pretense of being adroit. So, bub, it's your money for my bod. Fair trade?"

No, Annette, it's not.

After reading a preliminary manuscript of this book, one of my friends commented that he could not believe I'd discuss such personal topics. To tell you the truth, I can't believe it either. But if I was not willing to spill my guts, this book wouldn't be as interesting—or as honest—as it otherwise could have been. With that in mind, I'll tell you a story that I have never told anyone else.

Karla, the nurse, asked me to see the patient in the clinic instead of the ER. Karla had been talking with Ingrid for 45 minutes, which is an eternity in ER time. Karla thought that Ingrid would have an easier time opening up if she were in a private area (the clinic was closed at the time and the ER had only curtains to divide the rooms).

The patient had been beset by a string of unlucky events: she totaled her uninsured car, lost her cat to some sort of leukemia that furballs are prone to, and—most surprising of all—her lover dumped her. Couldn't have been for her looks, I thought as I admired the beautiful woman with blonde hair and blue eyes sobbing in front of me.

After Karla and I spoke with her for 20 minutes or so, Ingrid looked at me and said, in a way that still makes my heart stop when I think about it, "Can I have a hug?"

I did not say a word, but I opened my arms and she dove in. Her crying intensified for a couple of minutes, as it usually does in such cases, and then the tears stopped. A few minutes after that, we were just hugging. Humans are programmed to enjoy hugging, and that was one of my few instincts which survived medical school relatively unscathed.

As she showed no signs of wanting to stop, the hugging went on, and on, and on. I was happy that the ER was uncharacteristically slow, which allowed me this luxury. ER hugs are usually 10 seconds long, truncated by the need to indulge in that egregious waste of time otherwise known as defensive medicine.

She unwrapped her left arm from my side, sliding her hand up to my chest for a few seconds, and then behind my neck. She pulled my head down as she looked up toward me, pursing her lips and closing her eyes. I was at once both happy and sad that the nurse was still in the room. Happy, because it was good to be chaperoned in such a circumstance. Sad, because every man dreams of kissing a goddess like Ingrid.

There is a certain reflexive reciprocity that lets a person quickly know if the kiss they are initiating is wanted or not. I wanted to accede to her advance, but I did not think it would be appropriate. My hesitancy was telegraphed to her, and she locked her arms around me once more as her face caressed the side of my neck.

A man can control his lips, but his *corpora cavernosa* have a mind of their own. Innately wired to respond to such stimuli, I was afraid that the bulge would be noticeable. I wished that it would go away, but she was rubbing against a body that had not been this close to a woman in years. I looked over at the nurse, giving her a “help me, what do I do now?” sort of look.

About Karla. She is a compassionate nurse, aged 50 or so, who invariably puts patients first. She probably would have decked me had she thought that I was doing anything that was not in Ingrid’s best interests. From the approving and pleased look on her face, Karla seemed quite content that I had buoyed the spirits of the patient. Karla apparently wanted the hugging to go on, and Ingrid obviously hadn’t received her fill of TLC.

I felt the sudden desire to distance my erection from the patient, so this hug was in need of termination PDQ. I tried using facial expressions to telegraph this need to Karla, who just smiled in return. With no help from Karla forthcoming, I made an “end of hug” gesture but Ingrid did not seem receptive to it. Instead, she made an “uh-uh” sound and held me tighter. I would have loved to see what my wise professors in medical school would have done in this case. Of course, their icy personalities virtually guaranteed that no one would ever want to hug them.

“Did you hear that?” I asked.

Karla said, “Hear what?”

“I think I heard an overhead page for me. I think we should get back to the ER.” I honestly did not know if I’d heard the page, or if wishful thinking had made me imagine that I did.

It certainly isn’t easy to walk while you’re hugging, I realized as Ingrid and I stumbled toward the ER. When we reached it, the ER was, alas, devoid of patients. “Was I paged?” I asked the clerk hopefully.

“Page you? For what? There’s no one here, Dr. Pezzi,” she answered.

Under her breath, Ingrid said, “Good,” tugging me in the direction of the clinic.

“We can’t go back there, Ingrid,” I said. “The clinic will be opening up any minute. Let’s talk in here.”

As we resumed our conversation, Ingrid held my hands as we sat knee-to-knee. I knew she wasn’t even close to meeting any admission criteria, and that the best thing for her was simply to unbottle her emotions.

As we spoke, Ingrid focused upon my ring finger as if it were a pleasant new discovery. “You’re not married?” she asked.

“No,” I answered.

Years later, after sleeping alone a few thousand more times, I would sometimes muse about what might have been had I cast off my self-imposed physician propriety as Ingrid continued on. She seemed to be interested in me, so why didn’t I ask her out? As a man, I would have loved to do that, but as a doctor, I thought that wasn’t an option. Doctors are sometimes mere technicians, such as when we stitch wounds or flush grit from a patient’s eye. In such cases, I (and the American Medical Association, apparently) don’t think there are ethical barriers to future romance. However, in this case, the patient was opening up to me in a way that transcended the technical aspects of medical practice, so I felt the need to keep a certain professional distance.

However, during those “what if” musings, I questioned whether I had been overly rigid. Had I truly done the right thing? Ingrid’s sorrow stemmed from three basic losses: one financial (her car), and two emotional (her cat and boyfriend). I lent an ear to her catharsis, but really had done nothing to help her. I realize that doctors do not have an ethical obligation to help all such patients, because doing that is frankly impossible. We’re not rich enough to buy cars for every patient who needs one, nor are most of us romantically available. However, if we could do more—and I certainly could have, in this case—is *that* an ethical transgression? I could have done more, but chose not to, apparently worried more about the luster of my professionalism than what might have been best for Ingrid in the long run. How professional is that? I had enough money to make her forget about the car she lost, and

I love cats. Why not get one, together? A loving relationship, not a pill or years of counseling, was the best antidote for her romantic void.

My encounter with Ingrid occurred before the age of Internet dating, so it took more than a mouse click to find someone at that time. For homebodies who shun bars, meeting people could be a challenge. If fate put two people together, should one of them peremptorily say no for the sake of his professional appearance instead of permitting what might have been the optimal solution? I don't know, but I'd love to hear your opinion. (To do that, please see the Contact Me information on page 3).

After Dawn worked her last shift at our hospital, she went to a bar, ostensibly to celebrate. I'm not sure how much celebrating she did, but she certainly did a lot of drinking. Medically speaking, she was plastered. That was apparently only the first phase of what she had in mind. The next phase of her plan was to register as a patient in the ER, which she did. Legally, this gave her justification for being in the emergency room, in spite of her unruly behavior—which was the ultimate objective.

You might think that Dawn would have started bitching about the hospital or something like that, but that's not what she had in mind. She liked the hospital, and one nurse in particular. *That's* why she was there. With her inhibitions at an all-time low thanks to the booze, she now felt comfortable announcing to the world—or at least everyone within earshot—that she had the hots for Bill, one of the male nurses in the ER. Not coincidentally, Bill was working at the time.

Since her loud proclamations would have earned a "XXX" rating, I cannot give you a verbatim account of what she said. However, she expressed her fondness for Bill's body, indicating that she wanted him to repeatedly thrust a certain part of his anatomy into her body. She wanted some steamy sex, and she wanted it *right now*, on the ER gurney. Apparently thinking that Bill would actually grant her wish, she removed her clothes, spread her legs, and made other preparations for their forthcoming tryst.

Understandably, this drew plenty of attention in the ER. It was like a soap opera, minus the commercials. When one of the patients (who was being seen for a psychiatric reason) saw that Bill wasn't rushing to pleasure Dawn, he volunteered to assuage her libidinous desires. "Hey, baby, if he won't bang you, *I will*."

An elderly patient looked over at me and said, "Has everyone gone nuts in here?"

I felt compelled to give her a candid answer. "Yes, they have. Welcome to the ER!"

A 22-year-old man presented to the ER, complaining of depression. Two hours ago, he had been at a bar, drinking with his buddies, ogling the ladies. All was well until he asked a woman to dance with him, and she turned him down.

Most men would accept such a minor setback with equanimity, but this rejection threw this fellow into a vortex of despair. Did he get drunk? No. Did he ask someone else to dance? No. Did he seek solace from his friends? No. Did he scan the personal want ads? No. Did he head for the gym to work off his tension? No. Did he peruse his little black book, searching for someone more receptive? No. Instead, he came to the ER, expecting me to provide him with a solution to his libidinous desires.

This pathetically execrable excuse for a man was blasted with both barrels of stinging, yet apropos advice. First, I explained that to come to the ER for such a problem was, basically, idiotic. Consoling the lovelorn was never something I considered to be within the province of emergency medicine. This character was—*surprise!*—on welfare, and the bill for this "emergency" was footed by you, me, and other U.S. taxpayers. Second, even though I was horrified by the thought of anything that might increase the reproductive success of such a person, I decided to give him some practical advice. I nixed his suggestion that a psychiatrist might be able to help him get a date, explaining that shrinks are not magicians. Noting that he had *never* worked a day in his life, I said that women generally prefer employed men. He seemed to be mystified by this concept, retorting that he *did* have income: the government sent him a check every month! How impressive! A job, I explained, generally supplies a valuable sense of self-worth, in addition to providing respectable income. Since there was no reason why this fellow could not work, I felt that his welfare money was morally tainted and incapable of imparting self-esteem. He felt that money is money, no matter where—or from whom—it comes from.

Most of the letters that ER physicians receive from patients are usually complimentary; the critical ones are usually directed to the administration. Understandably, these letters are usually polarized to either extreme praise or extreme criticism. After all, who writes a letter to Ford Motor Company to say that their vehicles are just so-so?

Occasionally, a physician will receive a letter that is decidedly unusual. One of my colleagues received a series of letters from an anonymous

woman he had apparently seen as a patient in the ER. This woman evidently believed that mystery was essential to romance because she never gave her name, address, or telephone number. Instead, she gave a series of cryptic messages that would reveal her identity, if he could correctly decipher the clues.

Mark showed the letters to me, commenting, “I think women are too much of a challenge as it is, even without this solve-the-mystery puzzle. Look at ‘em, Pez. What do you think?”

“I think she’s been looking at too many old liquor ads in magazines,” I said.

“Why is that?”

“Remember those old ads in which a liquor company gave clues as to where they’d hidden a case of their booze? I can’t recall the company, but they stashed the stuff in some rather exotic locations. I think that was intended to heighten the sense of adventure and excitement, and thereby make their product seem more desirable than it really was.”

“So you’re saying she’s a dog?”

“Who knows? Have you recently seen any patients who are beautiful women?”

“In the *ER*? No one who comes to mind.”

“Anyone flirt with you recently?” I asked.

“Nobody that I know of.”

“What sort of clues is she giving you?”

“Tough ones. Do they make any sense to you?”

I read the letters and nothing rang a bell. “You’ll just have to wait. Sooner or later she will say something so you can find her.”

“Are you sure about that?”

“Of course. She *wants* to be found. She just wants the chase to be a challenge.”

“Do you think she’ll be worth it?”

“Maybe, but it’s been my experience that women who overdo the “chase me” game are attempting to compensate for perceived deficiencies in their self-worth.”

As I predicted, the clues became much more transparent as the weeks progressed, culminating in an instruction to be in a certain movie theater seat on a given day and time. Might as well cancel the consultation with Albert Einstein.

Mark asked me what I thought about this instruction. “I think you’re either going to get lucky, or have your brains blown out. In any case, it will be a memorable evening!”

“Gee, I never considered that before. What if she is a real psycho?”

“Well, you’re a doctor. You can commit her,” I said in jest.

“Oh, great, just what I need: a scandal.”

“Are you going to the theater?” I asked.

“Are you kidding? Of course I am! I have to find out who she is. It’s driving me nuts.”

Flash-forward three days. “Hi, Mark, I see you’re still alive. Did you meet her?”

“Yes I did.”

“What does she look like?” I inquired.

“Fairly cute. Not gorgeous, but attractive.”

“Did she seem nutty?”

“No, just playful, in a teasing sort of way.”

“Is she intelligent?”

“She seems bright.”

“So what happened? What did you do after the show?”

“I took her home.”

“You took her to *your place*?”

“No, I took her to her place.”

“And how did it end up?”

“She’s grounded.”

I was perplexed. “She’s *grounded*?”

“Yes, she’s grounded. She is 16 years old. Her parents thanked me for bringing her home, and then they started yelling at her.”

Here’s a story from an anonymous contributor:

I'm a respiratory therapist in a small community hospital. A patient called 911 and stated that she was having difficulty breathing after using some medication prescribed by her doctor.

She arrived in the ER on a gurney, and even with a sheet over her she looked gorgeous. She was also our only patient (night shifts at small emergency rooms can be nice and dull), so I got her a blanket from our blanket warmer and put it over her. She was wearing only a gray Army T-shirt and a pair of paisley boxers. I usually assist in getting the patients situated (ya' know—leads, cuffs, oxygen probe, gowns, etc.) and I couldn’t help noticing that she was thin, tanned, well-endowed with a tasteful bra, and otherwise stunning underneath her T-shirt. She was, of course, very grateful and I was merely pleasant and professional in return. I should note that I'm better looking than average, and served in the US Army for a couple of tours. I pointed at her T-shirt and inquired if she was in the service or had known someone in the Army. She said she was just given it as a present some time ago.

I guess I should tell you that I really wasn't hip to many of the commonly seen drugs in the ER since most of my work experience was in the ICU. She was on Klonopin and Librium, neither of which I knew much about. She said that her doctor recently increased her dosage, and when she took it she became short of breath. Whatever, she was really good looking. The nurse straight cathed her, got a urine and sent it to the lab. I was at the printer when her lab tests printed out. No cannabinoids, no opiates, no cocaine, all clear except for benzodiazepines. I asked the nurse what benzodiazepines were, and she said that her prescribed meds would appear as such on the urine screen. Fair enough.

I went back in and made sure she was comfy. I got her another blanket, and after I put it on her, she asked, “Are you married?”

I replied, “No, never married, no kids. Why?”

Of course I knew why, but I wasn't sure about the ethics of picking up a patient—even if she was trying to pick me up. But she was really good looking and I rationalized, with the ER doc, that I hadn't really treated her, so it was not an ethical dilemma. We exchanged numbers and she left.

I called her a couple of days later, and she agreed to meet at a laundromat that day. I know it's not a nice place to have a first date, but I still was unsure of the whole situation. She was gorgeous and fun to be with, so we had a proper date afterwards.

Then the really interesting stuff began happening. I asked her where she worked and she replied with the name of the town. Like an idiot, I reflexively asked if she worked at The Gentleman's Haven, which is a strip bar. She fessed up and said, "Yeah, how did you know?"

I learned that she was quite an act, judging from her schedule: San Francisco, various Florida appearances, etc. She also showed me various magazine layouts that she'd appeared in. Wow, me with a popular porno star! Well, soft porn, thankfully, since we'd already had sex.

I got along with her daughter and family even though her Mom and Dad were drunks. I wasn't thrilled with the idea of her being a stripper, but I rationalized that it was just a job and that she was making great money. I also comforted myself with the knowledge that she didn't do street drugs. Basically, I assumed she was just another normal person. Wrong. Way wrong!

- She told me that she was on probation for having drug paraphernalia in her car, which belonged to another person. The other person apparently didn't take the blame, and she was having her urine screened as a result.
- She was in an abusive relationship prior to meeting me.
- She was sixteen when she dropped out of high school, pregnant.
- She finished probation and began using street drugs and alcohol with abandon.
- She was calling me at work constantly. See above.
- She was being seen by a therapist and psychiatrist.
- She fired a gun at me after walking away from an irreconcilable argument.
- I took her to her first AA meeting.
- After breaking up, she sought help for drug and alcohol dependency.
- She was charged with DUI for running an ambulance off the road.

- While returning from court the next day she struck and severely injured a 16-year-old girl who was riding her bicycle.
- She was charged with operating a motor vehicle under the influence of drugs.
- The last time I saw her, she was in jail. She'd been a frequent visitor to "the hole," too.

Oh, in reference to her alcoholic parents. I think she had some degree of fetal alcohol syndrome since she had bad tooth enamel, a smallish head, and her eyes were farther apart than normal[2].

My gut feeling told me that I would see her again. The cause of the problem, I suspected, was that I'd been my usual nice self. For people used to gruff, indifferent, uncaring doctors, seeing a nice doctor might make them think that something more was going on. In this case, there certainly was none of that, at least on my part. But as I left her room, she said something (I cannot recall her exact words) to the effect of, "Hey, am I really something, or what?"

The playful tone of her voice and the way she moved her body seemed to suggest that I would automatically agree, as if she were just confirming something that was obvious. With no response from me, she continued, "You like me, don't you?"

I smiled and walked out, saying nothing more. While Terry was an attractive woman in her twenties, I was not drawn to her. Lucky for me.

A few weeks later, Terry came to the ER via ambulance, complaining of knee pain. Accompanying Terry was a somewhat older friend, Donna. As Terry was brought in, she waved to me and smiled as if we were old friends. I suspected that she'd come in to continue flirting. I was partially correct.

When I went to see Terry, she wanted to talk about "us," not her knee. I soon regretted the way I'd truncated our first meeting with a smile. I realized the smile, at least in Terry's mind, had affirmed her suspicion that I was hot for her. At the time, I thought the smile was a semi-clever means of being disingenuously vague about my true feelings. I now

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[2] The medical term for increased width between the eyes is *ocular hypertelorism*. This is associated with various congenital abnormalities, including the fetal alcohol syndrome.

realized I should have been more frank with her, but the ER was too busy for me to consider such a luxury.

And the ER was even busier tonight. Terry's conversation was centered on our inevitable relationship and blissful future together, not her knee. Much to her obvious chagrin, I was not reciprocating any romantic interest. I wanted to talk about her knee—*silly me!* It took her a while to understand that this was the only thing I wanted to discuss, and when she realized that, her countenance and demeanor took a 180-degree turn.

They say that hell hath no fury like a woman scorned, and whoever "they" are, they are correct. Her pretty, smiling, happy face transformed into a scowling embodiment of hate and anger. Her once sweet, alluring speech was replaced by a rough, screaming voice, peppered with profanity. She demanded an injection of narcotics, which I did not think was indicated in this case since she originally appeared to be in no pain, and since she was originally more than a trifle reluctant to even talk about her knee. Yet, the screaming and yelling continued. Trying to give her the benefit of the doubt, I offered to give her an injection of a non-narcotic pain reliever that had no euphoric effect. This ticked her off even more, and she refused it, still clamoring for the narcotic.

As I left to see other patients, Donna began pestering me about the narcotic shot. The ruckus that Terry and Donna were raising was seriously interfering with the functioning of the ER, so I stepped in to see Terry once more. I briefly but courteously explained that I was willing to give her something, but I did not believe that a narcotic was the appropriate choice in this case. This attempted appeasement flopped. Terry and her pertinacious friend began bitterly complaining once more, yelling so loudly that they could be heard throughout the emergency room. After venting their spleens for another hour or so, they walked out, much to the relief of the other patients in the ER.

"I think you're cute. Do you want to go out sometime?"

I did not know what to say to the patient, so I walked out of the room. Utterly flummoxed, I was standing in the hallway when a nurse commented, "Everything OK?"

"A patient just asked me for a date," I said.

"You don't look very happy about that. Isn't she cute?"

"The patient is a guy."

“Oh.”

I did not know what to say to the patient. I suppose the polite thing to do would have been for me to explain that I am heterosexual, but I was too bewildered at the time to think of that.

“Doc, you gotta help me. I think my balls are gonna explode!”

“Why do you think that?” I asked.

“Because I was horny to begin with, but then I watched a movie that really turned me on.”

“What movie was that?”

“*Night Shift Nurses*, or something like that. Can you tell me which of the nurses wants to get it on?”

“They all do, but . . .” I began answering as he interrupted me.

“Holy shit, I guess I’ve come to the right place! But what?”

“But not with you.”

“So what am I gonna do about this pain in my balls?”

“Have an orgasm.”

“It’ll go away then?”

“Yes. Haven’t you experienced it before?”

“Maybe a little twinge or something, but nothing like this.”

When a man experiences prolonged sexual arousal he may develop pain in his groin. While this has been crudely termed the “blue balls” syndrome (BBS), the pain is not necessarily confined to the testicles. This discomfort, which can be quite agonizing, is similar to that of menstrual cramps, and may involve the lower abdomen and back, and even the upper thighs. In some cases, BBS pain can be worsened by walking, urination, and defecation, occasionally making those latter two activities so unpleasant that the patient may try to postpone them. BBS results from an exaggeration of the normal vasocongestive response that accompanies sexual arousal, which causes swelling of the testicles and the spermatic cord. The spermatic cord is a bundle that contains the testicular artery and veins, testicular nerves and lymphatics, and the vas deferens (through which sperm are transported out of the testicle). Any

man who has had a full-blown case of the BBS is acutely aware of the location of the spermatic cord, which passes from the testicle into the lower abdomen through the inguinal canal. The capacity for sexual vasocongestion, and hence the capacity to develop BBS, declines as a man ages.

Women often dispute the existence of BBS, viewing it as a rather transparent ploy to covet sexual favors. While BBS *is* real, it is not necessarily incumbent upon the woman to satisfy the man. After orgasm, BBS pain subsides considerably, but it usually lingers for a few hours if the vasocongestion was marked. That's the bad news. The good news, at least from the standpoint of the involved woman, is that the development of BBS indicates that this woman is extremely stimulating to the man. It's a compliment, although a rather base one.

Back to the story. You might find it difficult to believe that such a character would come into an ER, but I would typically have one or two patients per year who seemingly believed in the “nurses are nymphos” myth. Not surprisingly, most of these turkeys with fantasies about nymphomaniacal nurses were drunk, but this patient was sober and, as far as I could tell, completely serious. Incidentally, that was his only reason for going to the ER . . . and yes, you long-suffering US taxpayers, you paid for this “emergency,” too.

Being human, one of the last things an ER doctor wants to see is a patient come into the emergency room just before his shift is over. This can mean that the doc may become tied up with that patient and hence not leave on time. Since this often occurs, it would seem prudent for the ER docs not to schedule anything just after their shift—just in case. That’s great advice, but routinely blocking out a few hours after each shift would lead to many lost opportunities.

My after-work activities would generally consist of eating, sleeping, and thinking of the true love in my life—snowmobiles. However, today was different. Today I was going on a blind date arranged by a mutual friend. I did not know too much about my date, but from what I knew, I was looking forward to the date, which was scheduled to begin in a half-hour. I’d heard that she had a great sense of humor. After a stressful week in the ER, a fun date was just what I needed.

With about 15 minutes remaining in my shift, the nurse told me that I had a new patient in Room #4. As I walked in to see the patient, I thought to myself, “I hope it’s something quick.”

No such luck. This patient had one thing on her mind, and that was talking. On, and on, and on. Having been trained at Wayne State, I was taught that it's best to not interrupt a patient. Working in an ER, though, it's often necessary to temper such an idealistic concept with the pragmatic need to truncate clearly irrelevant material. Unfortunately, everything this patient said was irrelevant. Or, if it *was* relevant, I did not know how, because I didn't even know why she'd come into the ER. She just kept talking, and I just kept listening—and furtively glancing at my watch.

As 7 o'clock came and went, and with the patient showing no signs of winding down, I excused myself to call my date. I was hoping that she'd not yet left her home, so she would not think I'd intentionally stood her up. The phone rang, but there was no answer. Darn.

No problem, I thought. I will just wind this conversation up, and refer this apparently lonely person to a counselor who could devote many hours to listening. Sure, I would be a bit late for my date, but I hoped she'd understand.

The patient did not want to go to a counselor, she said. She just wanted to talk, and I was the person she wanted to speak with. So she kept on talking, and I kept on listening.

After another 20 minutes or so, I once again excused myself to call my date. No answer. Well, I'd blown the date by now, so I resigned myself to the fact that I might as well enjoy listening to the remaining few chapters in the life history of the loquacious patient in Room #4.

Fifteen minutes later, the patient stopped talking. She said that she'd told me everything she wanted to say, except for one thing: *she* was my blind date.

I learned two lessons that day. One, always ask for a date's *last* name. Two, do not go on blind dates on April Fools' Day.

One of the strangest notes that I have received from a patient was sent to me by a married woman who wanted to have an affair. That was not the strange part, though. What made this note unusual was her unique brand of awkward honesty. She said that she wouldn't mind fooling around with me, but her first choice was a handsome male nurse whose name she'd forgotten. Consequently, she asked me to forward this note to him. If he wasn't interested, she wanted me to give her a call (otherwise, she would presumably be too busy with him to become involved with me). While she was fairly attractive, I never called her

because she was married—and who wants to play the second fiddle, anyway?

A woman came to the ER to see her brother, who was my patient. After I saved his life, I turned my attention to a more difficult task: namely, finding out whether or not she was married. I could not see her left hand to check for a wedding ring, so I passed the time by gazing at her lovely face.

During the course of our conversation, she suddenly stopped in the middle of a sentence and stared at me. “Don’t I know you?” she asked.

I wish, I thought to myself.

She exclaimed, “*That’s it!* I knew that you looked familiar! You’re my neighbor!”

She must have had better eyesight than me, but now that she mentioned it, she did look like my neighbor. We’d never met (people in that neighborhood generally were not very sociable), but I’d seen her a few times walking to her mailbox or mowing the lawn (her *husband* apparently did not like yard work). Darn, she is married. Gotta find love somewhere else.

And now, as the epilogue in this confession session, I have to mention that I once kissed a patient *on the lips* in the emergency room. True, she was about 90 years old. I cannot recall what was her presenting complaint, but the reason she was in the ER boiled down to one thing: she was lonely. Her husband passed away a few decades earlier, and her remaining family seemed indifferent. Sad. There was not anything *medical* that I could do for her, so we talked.

At some point during our conversation, I kissed her. I cannot give you any cerebral explanation for the kiss, because there was not any conscious thought behind it. It just seemed as natural as hugging a child with a boo-boo. To say that the kiss lifted her spirits is an understatement. Afterwards, she was smiling, cheerful, and content. She felt that *someone* cared, and I did. Some people are genuinely likeable, and that she was. I suppose I could have given her a prolix explanation that I cared, but somehow it would not have been the same.

Medical School Myths:

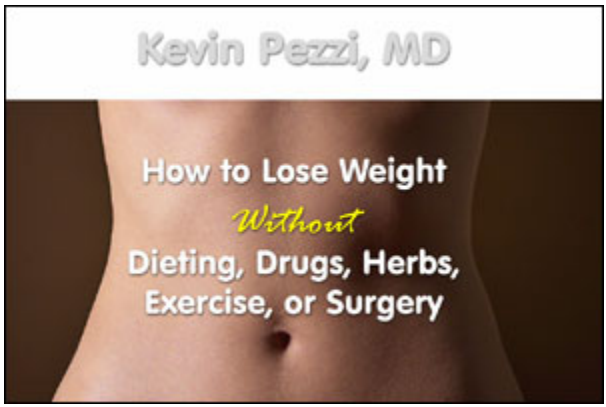
Only surgery can enlarge the penis in adult men

Like other doctors, in medical school I was taught that penis size is fixed at the end of puberty. I previously believed that, too, and the evidence seemed overwhelming. I then serendipitously discovered a way to trigger what amounts to a "second puberty" of penile growth. The only difference between this "second puberty" and real puberty in terms of penile growth is that the penile growth was much more dramatic the second time. Within a few weeks, my penis size went from embarrassingly small (at least to me) to bigger than some porno stars. I once believed that such a transformation was impossible, but I was wrong, and so were the professors who taught me that myth. Clearly, penile size is not necessarily fixed at the end of puberty *if you provide the body with the proper stimulus to rekindle penile growth*.

After realizing that my medical school professors were wrong about this topic, I naturally questioned if there are other ways to enlarge the penis. The answer is *yes*, and I present all of them in *Advanced Enlargement*. By the way, in that book I do not discuss enlargement techniques that "everyone knows about," such as jelqing. I consider that to be a garbage technique because I've heard from too many men who said that it either did nothing for them, or it damaged their penis.

While the primary focus of *Advanced Enlargement* is on penile enlargement techniques that go beyond what is presented in *The Science of Sex*, the information in it is also useful for enhancing libido, sexual pleasure, and performance.

For more information or to order, see: www.sexualtips.net/ae.htm



How to Lose Weight Without Dieting, Drugs, Herbs, Exercise, or Surgery

by Kevin Pezzi, MD
www.lose-weight-easily.net

You can lose weight easily. I did it, and so can you. I'm Kevin Pezzi, MD. When I got out of my residency program, I was so fat that I could not see my feet when I stood up. Although I am now 19 years older, I have a better body than most teenagers. How did I get in such good shape — and stay that way? Probably not in the way you think. My work is primarily sedentary, I eat sweets, and I never starve myself. In fact, I usually eat until I am full, and I typically "pig out" at least once per week. I don't use any drugs or herbs to lose weight. I exercise occasionally, but the workouts are brief and not too strenuous.

So how did I lose weight easily, and keep in great shape without torturing myself? Before I explain that, I must tell you a bit about myself, and why I feel that I am more qualified than an average weight loss expert. I graduated in the top 1% of my class in medical school. If nothing else, that is a testament to the fact that I learned more than 99% of my colleagues. However, the key to generating a real breakthrough in weight loss or any other field is an innovative mind. I may be smarter or more academically successful than 99% of other doctors, but formal schooling is not my forte. My strength is innovation and inventing. I have over 850 inventions and countless innovative ideas. One of those ideas pertains to how a person can lose weight easily without dieting, drugs, herbs, exercise, or surgery. I conceived this idea years ago, but never mentioned it because it was so obvious to me that I was certain one of the "big name" weight loss experts would also think of it. But they never did. They're just rehashing old ideas and getting rich in the process, even if their advice is lackluster. Take Dr. Phil, for example. He rose to fame as a protégé of Oprah, and he is truly gifted in delivering pithy quips. Lately, however, he seems to believe that he is a weight loss expert. That is laughably ironic to me, considering that Dr. Phil is overweight. I heard him trying to excuse this by blaming it on an old injury, but don't we all have excuses? I could have stayed a blimp and blamed it on my sedentary job, bad joints, and pudgy genes. But I didn't want *excuses*, I wanted *results*.

I hated schooling, but I love to read extensively. I learned many great weight loss tips, and I developed some tips myself, including the breakthrough idea on how it's possible to lose weight easily without dieting, drugs, herbs, exercise, or surgery. I described these tips in my book, *How to Lose Weight Without Dieting, Drugs, Herbs, Exercise, or Surgery*. You can buy that book for as little as $7, read it in an afternoon, and be on your way to having a great body — easily.

Breaking Up

A middle-aged man, despondent over the breakup with his lover, attempted suicide by swallowing a Bic® pen. He was taken to the ER and rushed into surgery. The surgeon removed the pen and then used it, writing on the patient's chart, “Writes first time, every time.”

I had to ask her. It was a standard medical question and, besides that, I was just plain curious. “Kelsey, why did you try killing yourself?”

Her bright blue eyes now gazed into her lap, as she nervously twisted locks of her hair. No answer was immediately forthcoming, but she seemed to be formulating a response, so I remained silent. I wondered what could make a 14-year-old want to end her life. Was she having trouble with her parents? Was she pregnant? On drugs?

“My boyfriend broke up with me and . . .” She began sobbing, but sniffled twice and continued on, “. . . and he's gone and I'm afraid that no one else will want me!”

Given her stunning beauty, I imagined that she would be as popular with boys as a winning Lotto ticket would be with bankers. No one else would want her? Hadn't she ever looked into a mirror? “Kelsey, you're a very pretty young lady. I'm sure that you will never have any trouble finding someone to date. Furthermore, I think you are too young to worry about such a thing. Just go out with your friends and have a good time. You will have plenty of time to date when you are older.”

“But I'm *fourteen*!” she countered.

“That's my point,” I said. “You're young. Enjoy it.”

“Fourteen isn't young. My mom was married when she was fourteen!”

I wondered what state would allow such a thing. Then I remembered President Clinton’s state of origin, and his penchant for young flesh—well, any flesh that lacked a Y chromosome. Perhaps there was a connection. I speculated as to the state.

“How did you know?”

“Oh, just a guess,” I responded.

“So, if it's OK with the state, then it's OK to do, right?”

“Not necessarily. Sometimes states, in their infinite wisdom, permit people to do things under extenuating circumstances even when these things are generally not advisable.”

“What's an extenuating circumstance?” she inquired.

I pulled a chair next to her bed and sat down. “Want to hear a true story?”

She looked interested. “Sure I do.”

“I'll tell you about Nancy.”

Nancy was a 16-year-old patient whom I'd had years ago. Nancy had cystic fibrosis, a disease that sent young people to an early grave. At the time, we had no cure for the disease, and the treatments for it were abysmal. During one of her hospitalizations, Nancy's parents agreed to her marriage following her discharge from the hospital. Waiting for her to finish college—or even high school, for that matter—might be too late. Nancy was doomed to miss many years of her life, but she was determined not to miss out on everything which life had to offer. It was a good thing that she compressed her joy into such a short life, for her life was indeed short: eighteen years.

“But you're different, Kelsey. You're healthy. You have plenty of time in which to live life. Don't try to rush it.”

“Why don't guys ask me out more often? Only one guy has wanted to be my boyfriend.”

“I think they are intimidated by you. Very attractive women are generally not asked out as often as other women, because most men assume that the prettiest women will turn them down.”

“That makes sense. I wonder why my psychiatrist never told me that?”

“I don't know. Why don't you ask him?”

“I can't ask him,” she answered.

“Why not?” I asked.

“Because he was just forced to move out of state.”

Seeking a clarification, I inquired, “*Forced* to move?”

“Yes. My Dad forced him.”

“Your *Dad* forced him? Why?”

“Because my Dad found out that he was my boyfriend.”

That psychiatrist is not the only doctor with a penchant for pubescent girls. One of my friends told me about his girlfriend, whose sexual initiation was provided a decade earlier by a doctor in his mid-thirties. As in the case described above, the girl's father eventually found out and forced the doctor to move out of state. That doctor got off too easy, and he is probably hanging out with another ninth grader**.**

Let me preface this by saying that I believe women have the right to limit sexual advances. Nevertheless, it is incumbent upon women (from a pragmatic, if not a legal, standpoint) to exercise good judgment as they permit the level of intimacy to ascend. Most women have enough common sense to know when to say "no." Other women do not. Here's one who didn't.

Bertha came to the ER alleging that Steve, a guy she'd just met at a resort, attempted to have coitus with her in the resort's parking lot. This really surprised me. To begin with, it was *cold* that night, way below zero. However, alcohol can dull one's perception of cold, and Bertha had topped off her level of antifreeze in the resort's bar. I do not know how tanked Steve was, but Bertha was almost three times the legal limit of intoxication. Alcohol can, of course, substantially increase libido, or at least give free rein to it. This might explain why Bertha decided to leave her husband in the bar, inviting Steve to her car for some hanky-panky. Perhaps enticed by her Partonesque bosom, Steve readily accepted her amorous offer.

While French-kissing, Steve fondled her enormous breasts. Bertha did not object. In fact, as she later told me, she enjoyed it, and decided to reciprocate the favor by performing fellatio on Steve. This was happening, mind you, about a 30-second walk from Bertha's husband. From this, I concluded that Steve and Bertha had not spent much time listening to Dr. Laura Schlessinger's talk-radio show.

Apparently thinking that he had been given the carte blanche green light to do as he pleased, Steve hiked her skirt and attempted intercourse. Well-pickled or not, this lady felt that such a gift was reserved for her husband alone. Since she would give a virtual stranger a blowjob in sub-zero weather in a parking lot, this struck me as a quirky truncation of morality.

But mine is not to reason why. Mine is to do an alleged rape exam—one of the least pleasant tasks in my job, made all the more so by the fact that Bertha was certain that Steve hadn't even come close to entering her. I'm not a criminologist, but I am a physician, and I know when evidence is hopelessly obfuscated. Bertha's hands, you see, had made

several round trips between her and Steve's genitalia earlier in the night, when they were still friends.

At that point, or perhaps a good 15 minutes before, I was wondering why the heck Bertha was in the ER. Steve *did* stop after Bertha nixed his plans, so I was wondering what the basis was for her objection. Seeing that I was visibly perplexed, Bertha explained she was miffed that Steve would have the gall to even *attempt* such a thing. Bertha thought it should have been obvious that she was not that kind of woman. Oh yeah, that was my impression, too.

This one I'll leave for the prosecutor to sort out.

Dave was found unconscious on the bathroom floor of his motel room, amidst an assortment of scattered pill bottles and a puddle of vomit. In the ER, we administered a medicine that counteracted one of the drugs he'd taken, and he gradually woke up.

"Why did you do it, Dave?" I asked.

"My girlfriend."

"Yes, what about her?"

"She had a baby. Mine."

"Are you unhappy about that?" I asked.

"Unhappy? I'm more than unhappy—I'm fuckin' pissed off!"

"Why?"

"We had agreed that we didn't want any kids, and she was on the Pill. She got pregnant, and I asked her how that was possible since she was on the Pill. She told me that she'd decided that she wanted a kid after all, so she stopped taking the Pill. You think she could have told me beforehand, so that I could have stopped going to bed with her? Hell no, she just went off and made that decision on her own. I asked her why she never gave me that option, and she said it was because she knew I wouldn't have sex with her anymore. See, she trapped me, and I can't do a damn thing about it. The judge told me that I'd have to pay for the kid anyhow. So, I'm stuck with a kid I don't want, and I'll never be able to trust a woman again. How could I?"

I did not have an answer.

“I’m tellin’ you, Doc, it just ain’t fair. Anybody who would trap someone in such a way ought to pay for the kid all by herself. She even admitted to the judge that she trapped me, but he’s still making me pay. I don’t want to live in a world that condones such behavior. What she did was just plain rotten, and how is she being punished? Not at all! It ain’t fair!”

Because domestic disputes can be so volatile, police officers usually dread intervening in such cases. Most ER physicians share that sentiment. As I approached the patient’s room, I heard him arguing with the woman who accompanied him. She was his girlfriend—or, as he was making adamantly clear, his *ex*-girlfriend.

“You fucking whore! You bitch! You filthy cunt!” he screamed.

I thought, “Gee whiz, Carl, tell us what you really think.”

“It’s not dangerous! It’s no big deal. You’re just getting all bent out of shape about nothing!” she insisted.

“Bullshit! I could die because of you, you sleaze bag!”

“Stop calling me names, Carl! Tell him, Doctor. Tell him it’s nothing to worry about.”

“What’s the problem here?” I asked. “I don’t even know why you two are arguing.”

“You wouldn’t believe what she did to me!”

“What was that?” I asked.

“I was going down on Sally—you know, licking her out, and a condom came out of her. We never use condoms, so I know it didn’t get there because of me! What do you have to say about that, you floozy?”

“I already admitted to you what I did, Carl. But it’s not dangerous, like you think it is.”

“I think I get the picture, Sally, but it would be best if you could clarify what happened.”

“I had sex with another guy this afternoon, and his condom slipped off. However, I didn’t know about that until Carl spit it out of his mouth.”

“That was the grossest thing in my life! God, that guy could have some disease I might catch!”

“He doesn’t have any diseases, Carl. Until he met me, he was a virgin, and he doesn’t use drugs, so you don’t have to worry about getting AIDS or anything like that.”

“Like I can really believe you anymore, Sally. I wonder how many other guys you’ve messed around with since we started dating.”

“No one else. Just him, and it is the only time we’ve done anything. I said I was sorry! Can’t you forgive me?”

“After I almost choked on another guy’s condom? You must be kidding!”

I guess that would leave a rather indelible impression.

Margaret was holding hands with Sam, her boyfriend, when she asked me if I’d obtained the result of her pregnancy test.

“Yes. You are pregnant.”

Sam looked surprised, then asked, “Margaret, do you want to get married?”

“Of course I do!” she replied.

“When do you want to marry me?”

“I never said I want to marry *you*. I want to marry *Jerry*. It’s his baby.”

Looking hurt, Sam asked, “How do you know that?”

“Because we didn’t have sex until last night. There ain’t no pregnancy test which shows up that quickly, right Doctor?”

“That’s correct.”

A 23-year-old woman with abdominal pain presented to the ER with her husband, a soldier who had flown in that morning from Europe after a tour of duty in the Army. During the course of the history, I asked her if there was any chance she could be pregnant.

“Of course not, doctor,” she replied. “My husband has been gone for a year.”

While palpating[3] her abdomen as part of the physical examination, her uterus felt slightly enlarged. I therefore decided to perform a pregnancy test, which was positive. I doubted that she wanted him to know about the pregnancy at the same time she found out about it, so I asked him to step out of the room so that I could speak to her alone.

“Your uterus felt enlarged to me, so I ran a pregnancy test, which was positive.” I kept my voice down, but she didn’t get the hint.

She did not look very surprised. “Are you going to tell my husband?”

“No, I’m not,” I whispered. I wondered if she thought she could keep this a secret for long.

Still speaking in a full voice, she replied, “Good. I want an abortion now. I don’t want my husband to find out about this.”

I began to explain that our hospital did not perform abortions when the door flew open and her husband stormed inside. “So you don’t want me to know that you cheated on me? I heard every word you said! So who was it? Who did you screw? Todd? Or the neighbor who has always had the hots for you? Tell me!”

She held her face in her hands as she began to cry. “Tell me who it was!” he screamed again.

“I . . . don’t . . . know . . . who,” she said while keeping her face buried in her hands and rocking her head from side to side.

“What do you mean you don’t know? You fucked more than one guy?”

She didn’t reply, so the answer seemed to be, by default, yes.

“You whore! I’m divorcing you!” he shouted as he rampaged from the room. As he left, I saw a young girl standing on the opposite side of the hallway, staring into our room. I wondered how much of this she’d heard.

I walked into the patient’s room and introduced myself, then asked how I could help him.

“Do you want the long version or the short version?”

“Take all the time you want. You’re the only patient in the ER.”

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[3] Palpate = to examine by touching.

“OK, Doc. I went to my 20th class reunion last week, and met my old girlfriend. We’re both divorced and neither of us are involved with anyone, and since we were still attracted to one another I kept asking her to come back to my place. She wasn’t saying ‘no’ but she kept telling me that I would not like her body because it’s not the same as it used to be. I figured she was talking about a few stretch marks or something like that, and I reassured her that everyone has a few imperfections by the time they are 38 and I wasn’t expecting perfection. Hey, look at me, with this big beer belly and whatnot—I sure don’t have the same body I had in high school. Anyway, she finally agreed to have sex with me.”

“And?”

“Well, she still had a great body and I didn’t know what she was talking about until this morning when I noticed some sores on my penis. Here, I’ll show them to you. I think it’s herpes.”

“Yes, that looks like herpes. She didn’t tell you that she had herpes?”

“No, but right before I entered her she told me that I wasn’t going to like it. Now I know what she was talking about. I thought about why she did this, and the only thing I can think of is that I dumped her in high school, but I didn’t think she’d still be mad about it.”

I’d just delivered a baby in the ER, and I handed the infant to the nurse. As she was wiping him off, the husband seemed to be choking on his words as he stammered, “The baby is . . . the baby is . . .” This caused me to wonder if I’d overlooked something, so I examined the baby. He looked normal, but he was noticeably more pigmented than his Caucasian parents. The husband looked as if he’d just been punched in the stomach. After a few seconds of guttural gibberish, he exclaimed, “Andrea, you *cheated* on me!”

Charlie was alternately sucking in air, and sort of coughing as he expelled each breath, wagging his finger toward her as if he was trying to say something. Tears began streaming down his cheeks, and he ran out of the room. Andrea plopped back onto the gurney, crossed her arms over her face, and said, “Shit, shit, *shit*! Bob told me that he’d had a vasectomy. What a #@&*+$ liar!”

When it is time to perform a pelvic or genital exam and the patient has a spouse or significant other present, we generally ask the patient if he or

she prefers to have the visitor stay in the exam room or wait in the waiting room. Overall, I would guess that 90% of my patients do not want an audience. However, the few who stay sometimes say or do odd things.

A case in point. Alex and Rachel had been dating only a short time, so I was surprised when Rachel asked that Alex accompany her during her pelvic exam. Generally, when a man does this he is positioned alongside the patient, but in this case the room was so cramped the only spot for him to stand was behind me. During the pelvic exam Alex remarked, “So that’s what it looks like?”

Rachel responded, “What are you talking about? We’ve done it before.”

“Yeah we have,” Alex said. “But never with the lights on. I’m leaving.”

We thought that Alex meant he’d simply decided to wait in the waiting room, but the ER security guard reported that he got into his car and drove off.

An even stranger case occurred when a 20-year-old man, Brett, requested that his girlfriend Janet stay in the room as I examined his genitals. Naturally, I assumed that they’d had sex and that what she was about to see was nothing new. Not quite.

As I performed the exam, I could not help noticing that Brett and Janet were giving one another odd looks. He evidently could not decipher some of her nonverbal facial communication, so he smirked and asked her, “What? *What?*”

Janet did not immediately respond, but when I glanced up at her, I think she assumed I gave her the green light to speak to Brett. “You lied.”

“About what?”

“You’ve been hinting to me about how big you are. *That* isn’t big.”

“It’s because I’m nervous. Every guy shrinks that way when he’s nervous, right Doc?”

I hated to be drawn into this discussion, but the facts were on his side. “Yes, that can do it. So can exposure to cold.”

My explanation did not do much to mollify Janet, who still appeared to be disgustedly disappointed.

Many doctors say that penis size should not matter because only the outer vagina and clitoris are sexually sensitive. Assuming that a man’s penis is not abnormally small, he can reach those sensitive areas. So is penis size irrelevant? No, become some women derive extra pleasure

from firm, deep pressure, and most women experience more pleasure if the penis is thick, which enhances stimulation of the outer vagina and adjacent sexually sensitive areas. Thus, a larger penis can make intercourse more pleasurable for some women. It almost invariably makes intercourse more pleasurable for men, because of the tighter "fit" of the penis in the vagina.

Now for the $64,000 question . . .

Can a penis be enlarged without surgery?

Like other doctors, in medical school I was taught that penis size is fixed at the end of puberty. I previously believed that, too, and the evidence seemed overwhelming. Then, purely by accident (or serendipitously, if you like big words), I discovered a way to trigger what amounts to a "second puberty" of penile growth. The only difference between this "second puberty" and real puberty in terms of penile growth is that the penile growth was much more dramatic the second time. Within a few weeks, my penis size went from embarrassingly small (at least to me) to bigger than some porno stars. I once believed that such a transformation was impossible, but I was wrong, and so were the professors who taught me that myth. Clearly, penile size is not necessarily fixed at the end of puberty if you provide the body with the proper stimulus to rekindle penile growth.

After realizing that my medical school professors were wrong about this topic, I naturally questioned if there are other ways to enlarge the penis. The answer is *yes*, and I present all of them in *The Science of Sex* (www.sexualtips.net) and *Advanced Enlargement* (www.sexualtips.net/ae.htm). By the way, in those books I do not discuss enlargement techniques that "everyone knows about," such as jelqing. I consider that a garbage technique because I've heard from too many men who said that it either did nothing for them, or it damaged their penis.

Incidentally, one of my enlargement techniques enhances male libido and sensation, too. Here is a brief diary of that experience:

Week #1: It's difficult to put into words, but it felt as if something were happening down there, as if my penis were waking up.

Week #2: No doubt about it, that stuff works. My penis was warm, engorged, oh-so-sensitive, and larger. My libido went from “twice a week is good enough” to “twice a day is barely enough.” Moreover, there wasn't any appreciable lessening of sexual pleasure after my first orgasm (previously, having a second or third orgasm in a day would usually be less pleasurable). My libido transformed from something that felt as if it were focused in my mind to something that felt very focused in my penis.

Week #3: Still larger. Not just a bit bigger, either. My flaccid penis was now larger than it used to be when fully erect. It was longer and much thicker. When I walked, I felt an unaccustomed mass banging between my legs. Conservatively, the penile volume increased by at least 50% when erect and at least 200% when flaccid. The size increase was trivial compared with the increase in libido and sexual sensation, which went from “almost dead” to “far better than ever.” Being a teenager was never this good. The supposed experts who say that an adult's penis cannot be enlarged? They're full of crap. (I apologize for the bluntness, but there is no polite way to express my sentiment without diluting it.)

You are probably skeptical about anything to do with penile enlargement, since there is so much misinformation about this topic sold by unscrupulous people with room-temperature IQs and no scientific training. I graduated in the top 1% of my class in medical school, so of all the people claiming to know how to enlarge the penis without surgery, I am probably the smartest and most knowledgeable. Being a physician, I am concerned not only with efficacy, but also with safety. Some enlargement techniques work but can damage your penis, permanently impairing your erectile performance or penile sensation. Thus, if you attempt some of the popular penile enlargement techniques, you may end up with a dysfunctional penis, and you will certainly not achieve the results you could have obtained with my methods.

Finally, a word of advice. Talk to your wife or girlfriend before trying to enlarge your penis. Some women will *not* derive more pleasure if your penis is larger! Instead, they may experience more discomfort. This is especially likely to affect women with certain pelvic disorders that increase tenderness, such as endometriosis. However, if you just ask her if she is pleased with the current size of your penis, you may get false reassurance. Women’s magazines often caution their readers never to express any dissatisfaction over penis size. That is generally good advice, since a typical man knows little or

nothing about penile enlargement . . . so why complain about something that he cannot change?

One of the patients I will never forget was Paul, a man who lost his job after injuring his back. The injury pinched a nerve so severely that the muscles in one of his legs were very atrophied. Obviously, this was no crock[4] case.

What saddened me about this case was that his fiancée unceremoniously dumped him immediately after he was fired. Whatever happened to love? Whatever happened to standing by your man? I can understand a woman not wanting to marry a man who makes a career out of being unemployed, but I cannot believe anyone could dump in a heartbeat the person she loves just because he was injured through no fault of his own.

Paul was more tolerant than I would have been. “It was better to find out now, Doc. Otherwise I would have spent the rest of my life supporting a woman who really didn’t love me. Now that would have been a tragedy.”

Cathy and Kyle were on a date when she developed abdominal pain, which prompted her to come to the ER. I examined Cathy and ordered some tests, then returned to her room to report the results. Kyle was holding her hand and apparently doing his best to be supportive.

“All of your tests are normal,” I said, “but you are pregnant.”

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[4] A *crock* is intentionally disparaging medical slang for a patient with fictitious complaints intended to reap some secondary gain. Say what? Stated another way, a patient with genuine pain from a migraine, kidney stone, cancer, or whatnot is *not* a crock; their pain is real, and might require narcotic analgesics. However, some patients feign various diseases or claim to have various symptoms to hoodwink us into giving them something they want: narcotics, time off work, etc. Those people with made-up complaints are crocks (an abbreviation for “crock of shit”). Their complaints are also sometimes called *bullshit*, *bull*, or plain ol’ *BS*. In general, ER personnel dislike crocks because we would rather devote our time and resources to legitimate patients with legitimate problems.

Kyle looked stunned, and then pulled his hand away. “Well, that’s it!” he growled as he stormed out of her room.

After he left, I asked Cathy why he was so upset about the fact that she was pregnant.

She answered, “This was our first date.”

Her beautiful green eyes looked at me as if to say, “Tell me it isn’t so.”

I hesitated and, in doing so, I realized that I’d given her the answer. She’d come to the ER complaining of genital blisters and sores. Sure enough, they were there.

“Oh, God, I’ve got herpes!” she wailed. “I should kill that SOB!”

I wondered to whom she was referring. Who, I wondered, could have done such a thing? To use a beautiful young woman as an object, as a mere receptacle for sperm. Surely he must have known that he had herpes. Why wouldn’t he have told her?

I knew the answer, of course. He did not tell her because he was selfish, and he obviously thought that a few minutes of his pleasure was more important than inflicting upon her a lifetime of pain. Hedonistic calculus at its worst.

“You know him, too.”

Perplexed, I answered, “I do?”

“Yes, you do. Everyone does.”

When she told me his name, I was stunned. Yes, I’d heard his name before. I’d also seen him on television and the covers of magazines.

“You’re certain he is the one?”

“He has to be. He’s the only man I’ve ever slept with—and after this, probably the last.”

I explained the treatment options, but there was not much to say. We can suppress the disease, but there is no cure. Not exactly cause for celebration.

“Are you going to tell him?” I inquired.

“No, I’m not going to tell him—I’m going to tell his wife!”

Nancy, the nurse who had assisted me with the pelvic examination, chimed in, “Good for you! You should sue him, too!”

“I can’t,” she replied. “If I do that, everyone in the world will know I have herpes. I’d be on the cover of those supermarket tabloids. My parents would be so ashamed. Heck, *I’m* ashamed. I can’t believe what I’ve done, sleeping with such a jerk. I must be a terrible judge of character.”

He is a jerk, alright, but I’d known that for a long time. As they say, history repeats itself.

What’s this?

As you have undoubtedly noticed, I use the above image to separate stories in this book. The heart-shaped image embossed with “ER” and an EKG tracing is actually a cookie I baked using an ER cookie mold that I made (see below):

Want one? See www.erbook.net/ER_stuff.htm

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Miscellaneous Stories

A young woman came into the ER, intoxicated by booze and stoned on several drugs. She looked rather unhappy, so I probed into her motives.

Dr. Pezzi: Why did you do it?

Patient: I'm trying to kill my baby.

Dr. Pezzi (having not had much sleep in a couple of days): What baby?

Patient (pointing to her protuberant abdomen partially camouflaged by the bed sheets): *This* baby.

Even for a hardened ER doctor, such a cold-hearted action was shocking. I paused for a moment and stared at her, and she stared back with a little bob of her head as if she were saying, "So what?"

Dr. Pezzi: Why do you want to kill your baby?

Patient: 'Cause I don't want it, that's why.

Dr. Pezzi: I figured that. Why don't you want the child?

Patient: I don't want my parents to find out. I'm not married.

Dr. Pezzi: I see.

Patient: So what can I take to have a miscarriage?

Dr. Pezzi: I'm not going to give you a tutorial on what drugs can induce an abortion.

Patient: But the nurse said you'd help me.

Dr. Pezzi: She was speaking generically.

Patient: (perplexed) *What?*

Dr. Pezzi: I meant that the nurse was speaking in a general sense, that I am here to help you.

Patient: So what ya going to do for me?

Dr. Pezzi: You are beyond the point at which an abortion is permissible, so I'm going to have you seen by an obstetrician and a psychiatrist.

Patient: I'm not nuts.

Dr. Pezzi: I never said you were. However, you are obviously in a great deal of turmoil, and the psychiatrist can help you with that.

Patient: The only way he could help me is if he marries me. My parents will kill me if I have a child before I'm married.

Dr. Pezzi: Why don't you marry your boyfriend?

Patient: Ain't got one.

Dr. Pezzi: Who is the father of the baby?

Patient: I can't marry him, that's for sure.

Dr. Pezzi: Why is that?

Patient: He's my brother.

Most ER doctors have seen at least one patient who cut his penis while exploring the sensory marvels of a vacuum cleaner. However, the diameter of a vacuum cleaner hose is typically only 1¼ inches, which just isn't large enough for most men. One of my patients solved this problem by using a shop vac, and another solved it by using a technique that was more creative but far more hazardous. Let's meet this fellow.

As I walked into Kurt's room, I could not help noticing that he looked sheepish. I introduced myself, and asked how I could be of assistance.

Kurt: Uh, well . . . well, I cut myself while I was working on my car.

Dr. Pezzi: OK. What did you cut?

Kurt: Ummm . . . do I have to tell you?

Dr. Pezzi: I'm bound to find out sooner or later.

Kurt: Well, I cut my penis.

Dr. Pezzi: (Noticing his heavy overalls) How did you do that?

Kurt: I, uh . . . well, I . . . I stuck my penis in the carburetor.

Dr. Pezzi: You put your penis in the *carburetor*?

Kurt: Yeah, while the engine was running.

Dr. Pezzi: (Thinking what a lonely guy he must be) Why did you do that?

Kurt: Well, I was horny.

Dr. Pezzi: (I thought, no kidding!) Weren't you concerned?

Kurt: No. The sperm would just burn up in the engine. It wouldn't hurt the motor.

Dr. Pezzi: (Wondering how much I could make by submitting this story to *The National Enquirer*, or some other noted repository of human normality.) No, when I asked if you were concerned, I was referring to the potential danger to you, not to your engine.

Kurt: Heck, no. My cousin has been doing it for years, and he's never been hurt.

Dr. Pezzi: (I mused, doesn't anyone in his family like *women*?) Was this the first time you tried it?

Kurt: No, I'd done it before with my old GMC pickup, but my cousin told me that my Ford would have more suction.

Dr. Pezzi: (Realizing what a disappointment that must be to Mr. Goodwrench) You don't intend to do this again, do you?

Kurt: Not with that Ford.

Dr. Pezzi: (Ah, monogamy!) But with the GMC?

Kurt: I don't know. Maybe.

Dr. Pezzi: (Deciding that I had to formally warn him, so as to limit my liability for any subsequent injuries to his penis if he repeated this stunt.) From a medical standpoint, what you've been doing is extremely dangerous. Aside from the risk of injury to your penis, you could be injured in many other ways, or even killed.

Kurt: Yeah, I know that, but it feels so good.

Dr. Pezzi: It does? That's difficult to believe.

Kurt: Yes, it does. Don't knock it until you've tried it.

I wondered how Kurt could copulate with a carburetor without risking injury to other parts of his body. He explained that he made the procedure safe, even comfortable, by placing a sheet of plywood, complete with cushion and the requisite “strategically placed” hole, over the engine compartment. Ingenious.

Meanwhile, back on planet Earth . . . After finishing with Kurt, I walked over to the nursing station. Marci, the clerk, told me that one of the local television stations had called, wondering if we had any interesting cases

they could do a story on. I doubted that this would fit in well on the six o'clock news, and I doubted that Kurt would be eager to publicize his penile proclivities. “No, Marci, just the usual stuff. Nothing newsworthy.”

Trying to be courteous, I once offered to get a chair for a patient’s mother. She scowled at me and said, “I’m not her *mother*. I’m her *sister*!”

On another occasion I asked a woman with a rounded, protuberant abdomen when she was due to deliver. You guessed it: she was not pregnant.

After successfully keeping my foot out of my mouth for a few years, I walked in to see a young man with a sprained ankle. He was lying on a gurney and was kissing a woman of similar age who was lying on top of him. When they saw me walk into the room, they stopped kissing. She slid to his side and nuzzled into the crook of his neck. I introduced myself and asked if his girlfriend could sit in a chair while I examined him. She responded, “He’s my *brother*, not my *boyfriend*!”

Think that’s bizarre? A nurse told me about a case in which she walked into the room of a 21-year-old man and found that his sister was giving him a blowjob!

A story from a 23-year-old woman:

> I saw a new gynecologist last month because I wanted a prescription for birth control pills. Naturally, he had to perform a Pap smear, so he had his assistant step in to chaperone the pelvic exam. I just about fainted when she walked in the exam room because she and I shared a room at college. The doctor asked me if it bothered me to have Miranda chaperone the exam. Well, it did, but I was afraid to speak up. Now I wish I had! I expected that Miranda would act the same way during my exam as she would for any other patient, but instead she began telling the doctor about my sex life in college—which was really active, I must admit—and how I should be tested for every sexually transmitted disease. Then she told the doctor about some of my wilder sexual experiences. I was so embarrassed that I got my clothes on and left before he returned to give me the prescription. My current boyfriend doesn’t understand why I didn’t get put on the Pill, but I sure can’t tell him the real reason.

In treating a patient with venereal disease (VD), it's important to realize that there is usually at least one other patient, since it takes two to tango. Consequently, ER physicians caution the patient to tell their sexual partner to see their physician, or come to the ER for treatment. Years ago, after treating a man for VD, I asked that he bring his sexual partner to the ER so that we could treat her. After I said that, a pained look spread over his face, and he said, “I can't do that.”

For a variety of reasons, people with VD are often reluctant to divulge the name of their sex partner (or partner**s**), so I wasn't surprised by his statement. However, I explained that he would likely contract the disease again unless she were treated, and I once more asked him to have her come in. “She would never come in on her own,” he replied.

That's another objection I often hear. From my experience, people seem less embarrassed if their partner accompanies them when they're seeking treatment. So I once again asked that he bring her in. With increasing exasperation, he exclaimed, “I can't bring her to the ER!”

I asked why. He said, “They won't let her in the hospital.”

Now I was puzzled. I inquired, “What do you mean they won't let her in the hospital?”

“I think there are regulations about bringing her in a hospital!” he responded. Just when I was about to ask for a clarification, he added, “Uh, she's a dog.”

That reminds me of another story in which canine companionship was taken a bit too far. A pregnant woman came into the ER, and appeared genuinely concerned. She'd been having sex with her boyfriend and—when he was away—with his dog. Obviously ignorant of basic genetics, she wanted me to determine who was the father. I could not believe my ears. “Are you serious?” I asked.

“Yes. I don't want to deliver some sort of *hybrid* . . . yuck! So can you find out who got me pregnant?”

This was easy. “Well, it was not the German Shepherd.”

A 23-year-old woman slowly walked into the ER, and explained that she'd been bitten in her genital area. No rape, she said, just her usual sex. I surmised that her partner accidentally bit her during the peak of his passion, or perhaps when he got carried away for some other reason. Or a seizure? Or . . . ?

When I did the exam, there were—sure enough—labial bite marks (the labia are the lips that surround the vaginal entrance). I told her that human bites can lead to severe infections, so I needed to thoroughly cleanse the wounds and give her antibiotics. As I began to describe how human saliva is teeming with bacteria, she interrupted me.

"Can we skip the antibiotics, then?" she said.

"Why do you ask?" I inquired.

"Well, Doc, I wasn't bitten by a human. My dog bit me."

"Your *dog* bit you? How did that happen?"

She blushed, and then she pulled the sheet up over her head. "Oh, God, I knew I shouldn't have told you! You're going to think I'm some kind of a pervert!"

Handling this delicate matter in the most sensitive way I knew, she regained her composure and continued her explanation. "Well, after I grill a juicy steak, I rub it . . . uh, down there, you know, and then I let my dog lick me. He's never bitten me before, though."

As the nurse approached me, she had a "you won't believe what I'm about to tell you" look on her face. "Dr. Pezzi, did you ever hear of anyone not being able to speak after an orgasm?"

I thought about it for a couple of seconds, and then said, "Yes, that condition affects a large group of people."

"It does? Which group?" she asked.

"Men," I answered.

"No, I'm serious. We just got a call from some guy who said that his girlfriend isn't speaking after she came. You think she had a stroke?"

“I don’t know. I’ve seen one case before. Did he say anything else?”

“He said that she had a prolonged orgasm.”

“Sounds like status orgasmus,” I said.

“Status *what*?” she asked.

“Status orgasmus. You know what status epilepticus is: a prolonged seizure. Status orgasmus is a prolonged orgasm that lasts 20 to 60 seconds.”

“That wouldn’t cause her to not speak, would it?”

“Based upon my limited personal experience, I’d say that it tends to make women rather talkative.”

“Well, when we see the tape we will have a better idea of what’s up with her.”

“What tape?” I asked.

“Oh, didn’t I tell you? He said that he videotaped their—uh, lovemaking, and he’s bringing the tape in.”

“Come on, you’re pulling my leg,” I insisted.

“That’s what he said. If my husband did that I’d kill him!”

It was even stranger than I had suspected. The patient was the man’s ex-girlfriend and current business partner. Their business? Making “amateur” porno films, which they sold on the Internet. To him, videotaping sex was blasé. I reached that conclusion by the nonchalant way in which he told me to look at the screen of his video camera. I felt rather odd looking at such an intimate home video, even if it was intended for interstate commerce. Nonetheless, I dutifully watched.

Ah, the poor nurse. She probably assumed that watching this tape would be a simple clinical exercise. You know, let’s just watch the tape and figure out what happened. I suppose she never thought about the fact that she was going to see the man’s anatomy in action. It’s one thing to watch a porno flick, but it’s something entirely different to watch it in the presence of one of the participants. Her face turned crimson red, and she left the room.

But not me. Someone had to do the dirty work.

He hit the stop button. “Well, Doc, that’s it. What do you think?”

“She had a seizure,” I said.

“A seizure?”

“Yes. Has she had any seizures in the past?”

“I think she may have a long time ago, when she used to use drugs. Once she stopped using cocaine, the seizures stopped.”

“Has she been using any drugs lately?” I asked.

“Not that I know of,” he answered. “So what are you going to do for her?”

“Since she seems to be coming out of it,” I said as I realized my unfortunate pun, “I’ll just see what the tests show, and go from there.”

When I explained to the patient that her test results were fine, she asked, “Did you check me for drugs?”

“Yes, but that’s a test we send out to another lab. We won’t have the results for a couple of days.”

“I might as well tell you now,” she sighed. “You’re going to find cocaine.”

“Have you been using anything else?” the man growled. “I don’t want none of that AIDS shit.”

“No, just cocaine. I’ve been really tired lately, with my college classes and all. Just wanted some pep.”

“Why not just drink coffee?” I suggested.

“Coffee?” she asked as she wrinkled her nose.

“Yes, why not?” I replied.

“I’d never drink the stuff. Coffee is bad for you.”

While examining a man, I asked his daughter to step out of the room so that I could check his genitals. He said, “It’s OK, she can stay. She’s seen them before.”

The daughter exclaimed, “*Daddy!* I thought you said we’d never talk about that in public!”

When parents head to the ER with young children, they sometimes pack a bag of toys to keep their kids occupied during the virtually inevitable waits. I always thought this was going overboard since most kids were adequately entertained with the hospital-supplied coloring book and crayons (especially if I happened to be around with my Alf puppet, homemade pocket fan, or extensive collection of kid-tested scratch'n'sniff stickers). One concern that I had about bringing toys into the ER is that the toys would usually end up on a not-very-sterile floor, after which the toy would often be in the child's mouth.

One mother made the mistake of letting her young son pack the toy bag. I don't know how he had access to this "toy" to pack it, but while I was taking the history from his mother he whipped out a vibrator. He told me it was a "rocket ship" that was buzzing because it was about to launch. I felt sorry for his mother, who was now crimson red. He asked me if I wanted to play with it, and I answered, "Not now." In retrospect, I probably should have chosen a somewhat different phrase.

Speaking of vibrators . . . . In *The Science of Sex*, I explain (and show) why some vibrators feel better than others. The most important factor isn't speed or intensity level. Can you guess what it is?

I asked a patient if she experienced pain during intercourse.

Patient: It depends upon the size of the penis. Some of my boyfriends have small penises, and some have large penises.

Dr. Pezzi: How many boyfriends do you have with whom you have intercourse?

Patient: Usually 10 or 12. I'm a stewardess, and I travel a lot. I don't like to be lonely.

Dr. Pezzi: Why not seek companionship with women?

Patient: Because I'm not gay, that's why!

Dr. Pezzi: That's not what I meant. If you are seeking companionship to ease your loneliness, why don't you cultivate the friendship of women? Why do you feel the need to sleep with someone to feel connected?

Patient: Well, I happen to like the feel of being connected with a man. I sleep better after a few orgasms.

Dr. Pezzi: That may be true, but by sleeping with so many men, you are risking the acquisition of a sexually transmitted disease.

Patient: I don't think so. They're all businessmen, except a couple are pilots. They're all clean. No diseases. And they all use condoms.

Dr. Pezzi: So how do you explain the infection you have now?

Patient: Probably because I was raped a few weeks ago.

Dr. Pezzi: You were?

Patient: Yeah, it was my brother. He's not all mentally with it, if you know what I mean. Kinda slow. Retarded I guess you'd say. Only God knows where his dick has been.

Dr. Pezzi: Did you report it to the police?

Patient: He's my *brother*, for heaven's sake! I don't want to see him in prison. And I sure don't want my Dad to find out. He has a bad heart, and he'd probably keel over dead if he knew. Or he'd shoot my brother, and end up behind bars.

Dr. Pezzi: How are you dealing with it?

Patient: I'm more than a little bit peeved, but I feel sorry for my brother. He can't even put his shoes on the correct foot most of the time.

At this point, a nurse knocked on the door and handed me a lab slip.

Patient: Is my other test back?

Dr. Pezzi: Yes. You're pregnant.

The young woman asked me, "Can you, like, hurry up?"

I asked, "You're in a rush, huh?"

"Yup."

"Don't worry, I'll be gentle. This should not hurt a bit."

"It's not that," she said.

"What is it, then?"

"I'm in a hurry to resume my date. My boyfriend is in the waiting room. We were about to get it on when he mentioned that he thinks body piercing is gross. He was talking about his cousin who has a nose ring. I thought, 'Oh, shit, he's going to see my ring when he goes to enter me.'

So I decided to come in here to have it removed. I don't want him to know."

"What did you tell him? If I had a date who suddenly announced that she had to go to the emergency room, I would be more than a little curious as to why."

"I just told him that I needed to have an IUD inserted. When I told him that, he gave me a big smile. Probably because he's thinking, 'Oh, boy, no condom!'"

Incidentally, I know of no emergency departments that insert IUDs, so don't go to an ER looking to get one. Yes, *you* probably already knew that, but some folks . . . .

A woman in her early twenties came into the ER requesting a pregnancy test. She said that she had recently been a guest on a television talk show. After revealing her innermost secrets and aberrations to her unsuspecting boyfriend and millions of spellbound viewers, the show's host—who I will not name so as to avoid years of litigation—asked this rather attractive woman out for a drink. Excited about the prospect of carousing with a celebrity, albeit an aging one (*go ahead and guess—it's not that difficult!),* she accepted the invitation.

After a few drinks and an assortment of well-rehearsed lines, the host persuaded the woman from Small Town USA to spend the night with him. He told her it was the first time he had ever slept with a guest, and she believed him. I did not, but I didn't want to spoil her moment of glory.

Much to her obvious chagrin, the pregnancy test was negative. I hoped it would have been positive, thirsting over the prospect of watching a competing talk show air an episode on "I'm having a talk show host's baby!" Sordid, yes, but a cut above the usual topics.

I once worked in an area populated by a large number of people from a certain ethnic group. Suffice it to say that most Americans, given their xenophobia, are not particularly enamored with this group of people. In an attempt to prevent my untimely death, I won't name this group, but I will discuss things about them that most Americans would find peculiar.

Their pain tolerance, or lack thereof: Judging how much pain a person appears to be in is certainly a useful clue for a doctor (or a mother, for

that matter). This diagnostic tool is virtually useless in many members of this group, unfortunately. I've had some patients, with nothing more than a sprained wrist, bellow a bloodcurdling scream that made me wonder if they were giving birth to twins and passing a kidney stone at the same time.

Their social support system: I am all for a good network of friends and family to support a patient in need of TLC, but this can be overdone. *Way overdone*. On many occasions the patient would come in during the middle of the night not just with their family members, but also with a few dozen people from their block, all dressed in pajamas. The ER was too small to hold all of these folks, so they would roam the hospital's hallways and even its ORs (operating rooms). OR access is restricted for sanitary reasons, but the “Do Not Enter” signs meant nothing to them.

Their code of honor: If they felt that their family honor was debased by a fornicating 16-year-old daughter, the father might kill the daughter. As they say, father knows best, correct?

I actually met a family in which the father had murdered his teenage daughter after she became pregnant. A few years after this happened, they brought another daughter to the ER, complaining of abdominal pain. “Oh no!” I thought, “is she pregnant?” Medically, it was a plausible explanation for all of her symptoms and signs, and I had to find out.

The nurse took me aside. Whispering into my ear, she told me of the first murder, and said that I shouldn't let any men in the family know that I was ordering a pregnancy test. Given their propensity to go wherever they darn well pleased, it was impossible to keep them away from the desk where I was writing my orders. Consequently, I employed a high-tech security measure: I shielded the paper with my hand. Annoyingly nosy, one fellow kept asking me, with an evil smile, “What are you writing, Doctor?”

I thought, “As if it is your damned business!” I did not want to start a war, so I just smiled and gave him a verbose explanation filled with sesquipedalian (foot-long) medical words, which meant nothing, both to him and me.

He nodded in apparent understanding, as if it would be a sign of weakness to admit that he was baffled by big words.

When the lab tests came back, I took a deep breath and checked them. Yes, she was pregnant. I wondered what to do next.

The patient's Mom approached me. Grabbing my hand as if for both moral and physical support, she looked deeply frightened. “Tell me, Doctor, is she pregnant?”

The nurse reassured me that it was safe to tell her the result. When she heard my “yes,” she fell to her knees. Still holding my hand, she looked up at my face and began sobbing, begging me not to tell any of the men in her family. They'd kill the daughter, she said, and from their track record I did not think this was a groundless concern. When I said that I would not tell the men, she—still on her knees—began kissing my hand, and thanked me over and over again. The Mom promised to “have this taken care of.” She never specified what she meant by that, but I assumed she meant abortion.

Years later, as I was mulling over this event, I wondered, "What would Dr. Laura do in such a circumstance?" For those of you who don't know her, Dr. Laura Schlessinger is the host of a talk-radio show who enjoys moralizing, and seems to have a ready answer for everything.

Would Dr. Laura condone the abortion, or risk the murder of the teenage girl? The latter would also kill the unborn baby, of course. I was so intrigued by this ethical dilemma that I faxed it to her, and later sent a copy of the first book in which this story appeared. I never heard from her.

While speaking with an 18-year-old woman who recently had intercourse, I inquired if she had used any contraception.

“Yes, I did. I used Coke.”

I said, “Coca-Cola, the soft drink?”

“Yes.”

“Diet or regular?” I asked.

She thought I was being funny. Not so. Believe it or not, researchers at the prestigious Harvard Medical School have studied the scientific basis for postcoital douching with Coke (seems a bit unseemly, does it not?) and concluded that Diet Coke has more of a spermicidal (sperm-killing) effect than regular Coke. They even addressed one of the great mysteries that has been plaguing mankind for years: which is more effective, new Coke or old Coke? These learned scholars found that new Coke was five times less potent than old Coke, but they did not investigate whether Coke was more effective than Pepsi. The Cola Wars thus rage on.

I won’t argue with the bygone Coke advertising slogan, “Things go better with Coke,” but I will issue the following public service announcement to edify adventurous teenagers: don’t rely upon Coke as a contraceptive. If

you can believe the Harvard researchers—and who would have reason to doubt people who have dedicated their lives to the advancement of science?—Coke can kill sperm, at least in test tubes. It seems the scientists could not bring themselves to have recently inseminated women shake up a bottle of Coke and . . . um, let's just say that they declined to investigate the *in vivo* effects of douching with soft drinks. Since sperm can swim into the cervix (whereupon they are protected from annihilation by a spray of Coke) with surprising rapidity, they may be out of range before you finish shaking the bottle. And what else isn't the Surgeon General telling us?

Couple the unwarranted popularity of postcoital Coke douching with our second-rate system of public education, and what do you get? A question like this: "I want to use Coke as a contraceptive, but I don't know how much to drink. Can you tell me?"

The triage note was succinct: "Wants something to numb back of her throat." Tough case, I thought. Must have a sore throat. I'll do a throat culture, give her some Xylocaine®, and she will be happy. At this point, I was relieved to see a patient with a minor problem. I'd just finished taking care of several people who were critically ill, and this would be a pleasant change of pace.

Something didn't add up. People who have a sore throat sufficiently painful for them to request a topical analgesic usually look to be at least mildly uncomfortable, and Erin looked quite chipper. I introduced myself, then sat down.

"Can you give me something to numb the back of my throat?" she sprightly inquired.

I asked, "Is your throat sore?"

"No," she replied.

"Then why would you want something to numb your throat?"

"It's for my boyfriend," she explained.

"Well, if your boyfriend has a sore throat, then *he* will have to come in as a patient."

"No, his throat isn't sore, either."

I should have been an engineer after all, I mused. I could be working on things that were logical, things that made sense. This did not. “Well, if your boyfriend's throat isn't sore, then why are you requesting this prescription?”

“You don't understand, Doctor.” Evidently not. “I'm doing this *for* my boyfriend.”

I was puzzled. “I thought you just said he doesn't have a sore throat.”

“*He doesn't!* It's not for him to use, it's for me!”

“But you also don't have a sore throat, correct?” I wasn't puzzled, I was mystified.

“As I said, I'm doing this *for* my boyfriend. I want to numb the back of my throat . . .”

For the first time, she looked uncomfortable. To encourage her to continue, I said, “Yes?”

“. . . so that I won't gag when I swallow his penis!”

Wendy claimed to be in labor. My cynicism, engendered by years of ER work, said otherwise. She did not appear to be in any distress, and she did not look pregnant. However, I have seen a couple of women deliver babies who were so slim—from intentionally starving themselves—that they barely looked pregnant. So I had to examine her.

Sure enough, the head was already coming out. Not bothering to suction the nostrils, I completed delivery of the body. “Well, Doctor, is it a boy or a girl?” she asked.

I responded, “Um, it's a girl, alright.”

She was joyous. “What should I call her? I haven't even given any thought about naming her!”

Hmm . . . that golden blonde hair, those blue eyes, that plastic body: “I think you should call her Barbie.” She had “delivered” a doll.

I never cease to be amazed by the things women insert in their vaginas. This patient was clearly mentally ill, but most vaginal foreign bodies[5] are inserted by the woman as a means of obtaining sexual gratification. In some instances, though, the patient would adamantly deny any knowledge of how "the thing got inside me." They would claim that their lover was "playing around down there" and apparently inserted something, unbeknownst to them. Maybe, but I have a hard time buying that. I've seen golf balls, Ping-Pong balls, assorted vegetables, and a silver dollar—still legal tender, I presume. I have had two or three patients with hot dogs, perhaps not surprisingly. I've discovered that these hot dogs have not fared well with the rigors of simulated intercourse; all were fragmented. I have seen broken-off douche nozzles (or whatever they are called), decaying condoms and "French ticklers," long-forgotten contraceptive sponges, and . . . no, I won't say. It's too gross to mention. It's not what you're thinking; it's even worse.

I *will* mention the contraceptive sponge story, though. If nothing else, it illustrates an important medical principle that is germane to this topic of vaginal foreign bodies. I've seen two patients with problems attributable to such sponges. Naturally, I will present the more interesting story.

Paula was in jail for stealing something from a local mall. Our facility had a contract with the police department to provide care for police prisoners, so when Paula developed lower abdominal pain and a fever, she was brought to see us. The female police officer who accompanied the patient stayed in the room as I performed the pelvic examination. She wasn't eager to watch, so she stood by the wall near Paula's head.

After inserting the vaginal speculum, I saw a large, white object deep within the vagina. This puzzled me for a second, and then I recognized what it was. "Paula," I inquired, "do you use contraceptive sponges?"

"Yes I do. Why?"

"You have one still inside you."

"Darn!" she exclaimed. "That's the second time I've forgotten to take the thing out!"

"How long has it been in there?"

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[5] *Foreign body* is a generic term used in medicine to denote the presence of an unnatural object inside the body. In the Barbie case, the term "foreign body" was doubly relevant.

“Two weeks.”

Yikes, I thought.

I grasped the sponge with an instrument and slowly withdrew it. As it left the vagina, a sudden gush of yellowish-green pus poured out of her. The smell would have nauseated a grizzly bear. Wafting toward the police officer, she sniffed once or twice, her eyes fluttered, and then she slid down the wall, unconscious. She hit the floor with a resounding thud. The patient, who couldn't see what was going on, bolted upright and began screaming, “*What happened? What happened?*”

Hearing this, the nurse ran into the room to see what was going on. After we revived the officer and I calmed everyone down, I asked the nurse for some culture tubes. To make a long story short, the patient had an infection with a nasty type of bacteria, *Pseudomonas*. The infection had begun spreading through her body, and she required admission for IV antibiotics.

Moral of the story? Do not leave things in the vagina, since they can cause horrendous infections. If this patient had not been treated, she easily could have died. From a sponge!

Now back to the subject of hot dogs. The May 2006 issue of *American Rifleman* (a perennially staid publication of the NRA) synopsized a story that originally appeared in *The San Francisco Chronicle* February 28, 2006. Briefly, an armed assailant tried to abduct a woman from her home, but her screams awoke her husband, who shot the intruder three times with his .357 Magnum revolver, killing him. The thug had a gun, a blindfold, tarps, handcuffs, and something that seemed to puzzle the investigators and reporters: a pocket full of hot dogs.

I did not think that this was much of a mystery. The blindfold, handcuffs, and tarps indicated that the thug wanted to have his way with the woman. The hot dogs likely were not intended for the two to share an old-fashioned weiner roast. Instead, the thug, had he lived, probably would have inserted them into her vagina, and possibly rectum (I’ve seen both). That was probably intended just as foreplay for the pervert, whose ultimate objective was likely rape.

Incidentally, in the ER I have seen more than my share of women who were raped. Until you’ve been the victim of rape, or until you have interacted with such women minutes to hours after they were brutalized, I do not think you can fully understand the emotional intensity of the experience. You’ve probably seen hundreds or thousands of rapes on television. Click the channel, and see another one five minutes later.

American television viewers see so much violence that it eventually loses some of its impact.

Real-life violence is something else. I've been face to face with rape victims, rapists, murderers, and assorted thugs from A to Z. I've been a crime victim myself, too, all of which has reinforced my belief that our politicians are not doing enough to protect us from the criminal element. They give lip service to fighting crime, but usually do little or nothing of substance. As an inventor, I've decided to fight back by developing innovative ways to combat crime. I will mention one of these products below. If you want me to notify you when I have new products available, send a message using this link:

www.MySpamSponge.com/send.php?handle=stopcrime

Or this one:

http://tinyurl.com/q47dg

Or just go to the MySpamSponge.com site and send a message to *stopcrime*.

Burglar alarms are expensive, prone to false alarms, a minor deterrent at best, and not capable of doing certain things. For example, what if your wife or daughter is home alone and a thug comes to the door: can a burglar alarm protect her? No. But my innovative product can do that and more, even though its price is just $20. You've never seen anything like it, and neither have the criminals. You owe it to yourself and your family to buy one. In my opinion, its ability to deter burglars is *much* greater than that of burglar alarms.

Incidentally, don't take comfort in the fact that your home is insured. Besides the usual hassles such as deductibles and depreciation, people who file insurance claims are often shocked to learn that some items are excluded from coverage, and that filling out all of the paperwork and documentation can be unimaginably time-consuming. For example, I was burglarized before I developed this product. My claim totaled 800 pages, and took 6 weeks of working 16 hours per day, 7 days per week. Fortunately, I had receipts for most of the stolen items. Otherwise, documenting that I owned those things, and what their value was, would

have been even worse. The moral of this story is that the aftermath of burglary is so horrendous that you should do everything possible to prevent it from happening. If you think that a burglar alarm is adequate protection, you are mistaken.

Find out more at www.stop-burglars.com.

This next patient looked quite concerned, and was on the verge of crying. “I think my hair is losing its sheen, and I'm losing weight, and my fingernails have funny ridges in them, and my skin doesn't seem to be the same color, and my bowels have been a little loose lately, and my back hurts a bit, and things taste funny, and loud noises seem to bother me more, and I'm not sleeping as well.”

With a laundry list of complaints like that, you might think I would not have a clue as to what was bothering her, right? Wrong. I knew exactly why she came into the ER. Don't ask me how I knew, because I have no idea. I just knew it.

“Ma'am, you think you have AIDS, don't you?”

She burst out crying. “*Yes!* I was afraid to say it. I've been waiting a long time to come in, because I didn't have the courage.” More crying.

She had unprotected intercourse with a new partner, and was afraid that she'd acquired an HIV infection. First, I reassured her that she was probably worrying about nothing. Heterosexual intercourse is not the risky Russian roulette that it is portrayed to be in the media. Next, I tested her. Sure enough, it was negative.

People who should be using condoms often don’t for an obvious reason: because sex feels better without them. In *The Science of Sex* (www.sexualtips.net), I present a way to have that great flesh-on-flesh feeling while minimizing the chance of transmitting HIV and some other sexually transmitted diseases.

Incidentally, *The Science of Sex* isn't just about sex. For example, it also discusses topics such as:

- Non-surgical ways to increase your breast size.
- How to maintain your breast shape.
- Ways to ward off wrinkles that you won't learn from your doctor or favorite beauty magazine.

• Secrets for feeling great.

And many other topics that aren't discussed in other books. However, you're probably thinking, “Blah, blah, blah, that's what everyone with a book to sell says.” However, I am so confident in the superiority of my book that I offer a **100% money-back guarantee:** If you find a book with a more comprehensive and detailed presentation of sexual pleasure, performance, attraction, and desire, tell me about it and I will refund your entire purchase price. I can confidently make this offer because I've read hundreds of competitive books and have yet to find one that is even remotely comparable. I've spent years of 100-hour weeks working on this book, while some others in this genre appear to have been thrown together over a long weekend. No reader has yet been able to suggest a comparable book. Besides the fact that I cover more subjects in more detail and present information that you cannot obtain elsewhere (unless someone is copying me), I also correct some pervasive sexual fallacies (for examples of some of them, see this page (www.sexualtips.net).

Although I have seen many strange cases in the ER, every so often I am confronted with a situation that is so unusual that I begin to wonder if the patient is putting me on, or if I am being secretly videotaped for the ER version of *Candid Camera*. This began as such a case, but I soon realized that the patient was not kidding. Strange cases are often not responsive to standard medical therapy, but I was able to help this fellow. Let’s meet him.

Dr. Pezzi: Hi, I’m Dr. Pezzi. How may I help you?

Patient: I have a sore tongue.

Dr. Pezzi: How long has it been sore?

Patient: Since last night.

Dr. Pezzi: Any idea as to what triggered it?

Patient: Yes, I do.

Dr. Pezzi: What is it?

Patient: Well, I’m embarrassed to say.

Dr. Pezzi: You can tell me anything.

Patient: I, uh, I had oral sex with a woman. You know, I went down on her.

Dr. Pezzi: (Encouragingly) Go on.

Patient: I did it for quite a while, too.

Dr. Pezzi: How long is that?

Patient: 8½ hours.

Dr. Pezzi: *Hours*?

Patient: Yeah, hours. 8½ hours.

Dr. Pezzi: (Surely a new world's record, I thought.) OK.

Patient: After flicking it for so long, my tongue is sore. But that isn't the worst part. What bothers me is that my tongue feels a bit swollen or stiff, and that's interfering with my speech. My voice is off—I just can't enunciate words like I could before. That will interfere with my job.

Dr. Pezzi: What do you do?

Patient: I'm a television newscaster.

Dr. Pezzi: (Curious, since I'd never seen him on TV.) On what channel?

Patient: Channel 8.

No wonder I'd never seen him. I always watched the news on Channel 7 because their female reporters were much better looking.

Hmm . . . ER textbooks are not exactly crammed with information on treating tongues that have become sore because of protracted cunnilingus. Nevertheless, I reasoned, the tongue is primarily a muscle with a thin coating of taste buds. Since this muscle was sore as a result of overuse, couldn't it be treated as any other overworked muscle? Eureka! Of course it could! I advised ibuprofen, ice chips, and vitamins C and E. It would have been better if he'd been taking the vitamins beforehand, but they would have some effect. Incidentally, the patient was taking an antihistamine drug with a common side effect: a dry mouth. Remember that.

Curious about the success of my therapy, I decided to watch the evening news that night on Channel 8. His voice was slightly slurred when I saw him in the ER, but now it seemed normal. Click. Back to Channel 7.

A week or so later, I was approached by another ER doc, Jim. "Hey, Pez, want to hear a story for that book you're writing?"

"Sure," I said.

“I had a lady come in last week saying that her vulva was sore. She said that she’d had oral sex with some new partner, and she wondered if she had an infection. I doubted that, since the discomfort developed right after she’d been with the guy. I didn’t find any discharge, and the smears and cultures were normal, too. I told her it was probably just because they had sex for so long.”

“By any chance, was it for 8½ hours?” I asked.

“How the heck did you know? You? Was it you? You lucky guy!”

“Nope, wasn’t me.” I told him the story, omitting the patient’s name and occupation.

A few minutes later, as Jim was about to leave, he said, “You might want to watch the news on Channel 7 tonight. If the meteorologist is still walking funny, you’ll know why.”

Normally, saliva provides enough lubrication during oral sex to prevent abrasions. However, the newscaster’s antihistamine gave him a dry mouth. 8½ hours of being rubbed with a dry tongue . . . ouch!

OK, I know what you’re thinking: *oral sex for 8½ hours? BS!* Well, I once did it for 8 hours, so I know that 8½ hours is not out of the realm of possibility. During my first year of medical school, I dated a woman whose vagina was so tight that I could not enter her. Since I’d already read *The Merck Manual*, I thought she might have vaginismus, so the obvious thing to do was to relax her and, above all else, not rush intercourse. After 8 hours of cunnilingus, it was still a no go, so I began to see the wisdom of using progressive dilation as recommended by *The Merck Manual*. Time for Plan B.

I was an hour late getting to medical school that morning, and when I walked in I couldn’t have been any more self-conscious. The skin around my lips was red and chapped, and my voice was so slurred that I sounded drunk. Coupled with the fact that I’d had no sleep that night, my slurred speech and grogginess made a few of my classmates wonder if I’d been drinking. If they only knew!

As I spoke with a young woman sitting on a gurney in the ER, she asked, “Can I have your opinion on something?”

“Sure. What is it?” I responded.

She pushed the gown off her shoulders and it cascaded to her waist. “It’s my breasts. What do you think of them?”

“Are you having any problem with them?” I asked.

“I’m not, but my boyfriend is. He doesn’t like them. He wants me to have them enlarged. So what do you think?”

“I think they’re fine.”

“That sounds like something my mother would say! Come on now, I want your honest opinion.”

“I gave it to you.”

“Fine? *Fine?* What does fine mean?”

“Let me be frank. From what you’ve told me, your boyfriend obviously likes large breasts. You can change your breasts, or get a new boyfriend. If you want some advice from me, I would not change your breasts just to suit your boyfriend.”

“Because they’re *fine*, right?” she said, pronouncing *fine* with obvious disdain.

“Yes, they are fine.”

“I wish you’d stop using that word! When I was a teenager, I had acne and braces, but my parents always told me I looked fine. If I *really* looked fine my boyfriend wouldn’t always be gawking at those babes with large breasts.”

“Well, every man has his own conception of ideal beauty.”

“So what is yours? If you think B-cups are *fine*, you’re obviously not a boob man.”

“I think shape is more important than size.”

“How’s my shape, then?”

I was almost ready to say fine, but I caught myself in time. With only a slight hesitation, I answered, “They’re nice.”

“Did they give you doctors some kind of a course in how to beat around the bush or something? Nice? *Nice?* Could you try for a word that’s a little more nondescript?”

I realized that there was no backing out of this one. I could have referred her to a plastic surgeon for his professional opinion, but that wasn’t the answer. Furthermore, she would undoubtedly interpret the referral as an unequivocal sign that her breasts were somehow inferior. I could say that her breasts were gorgeous, but she would not believe me. It seemed to me that the only description she would accept is that her breasts *weren’t*

fine. That was not the truth, so I had to handle this another way. “Your breasts are attractive, but they are obviously not your best feature.”

“So what is?”

“You have fantastic legs.”

“You like them? You’re not just saying that to make me feel better, are you?”

“Of course not. I’m trying to be as honest as possible.”

“I bet you don’t get asked this question very often.”

“You would be surprised how often I’m asked similar questions. I’ve only had one other woman ask me about her breasts, but at least a few women every month ask me if they are too fat or if their butt is too big. That’s not the worst question, though.”

“What is the worst?”

“When people ask me if they have bad breath.”

It’s true. A few people with abysmal etiquette suddenly put their faces a couple of inches from mine, and then exhaled with no advance warning. I’ve also had people cough or sneeze in my face, without the slightest attempt to turn away or to cover their mouth/nose. When I confronted one of the patients about this (a middle-aged man, who should have known better), he seemed exasperated and exclaimed in a snotty tone of voice, “Why should *you* care? You’re a *doctor!*”

I replied, “Why does that matter? Do you think that doctors like getting sick? I’m here to treat your disease, not contract it!”

He glared at me, silently. What a jerk, I thought.

“Oh, gee, Gladys, stop doing that! Bend over like a lady!”

Maria, one of the ER nurses, was admonishing Gladys, an ER frequent flyer (i.e., a patient who frequently comes to the ER), to be more discreet in how to bend over. Although Gladys was more than pleasingly plump, she wore a miniskirt that was a few sizes too small and, as was obvious, no underwear. Gladys had the habit of finding reasons to bend over, which she would do as if she were touching her toes, thus flashing her genitals to the world. Maria found this both unladylike and revolting, considering that Gladys’ rear end was peppered with several small pimples and more blubber than anyone should have to view in public.

“I’m not doing anything,” protested Gladys.

Maria’s patience with such behavior had been exhausted by similar performances during prior visits. “Oh yes you are, you’re flashing your fat ass.”

“It’s not fat. That’s why I wear these short skirts, to show it off.”

Maria burst out laughing. “You think *that’s* attractive? You ought to go on a diet!”

“The guys all seem to look at it, so they must like what they’re seeing.”

“They’re looking at you because it’s hanging half the way out of your skirt! A lady does not expose herself in public.”

“You just don’t like me ‘cause I’m on welfare.”

“Oh, don’t give me that. It has nothing to do with it. I gave a big hug to the last patient I saw who was on welfare. It’s not your welfare card, it’s your butt, and no one in here enjoys your exhibitions of it. So cover it up!”

“What do you think, Dr. Pezzi? Is my butt too big?”

Dare I be honest? How would that look if she wrote a complaint letter to administration? How could I defend saying that a patient was steatopygic? Time for some gutless finesse. “Gladys, I’ve never seen anything like it before.”

Gladys broke into a big smile, looked at Maria in an “I told you so” sort of way, and said, “*See*?”

As we were discussing this later on in the lunchroom, one of the male nurses piped in. “I saw her doing it the last time she was in here. It wouldn’t have been so bad, except that she had a tampon sticking half the way out. A little kid saw it and said, ‘Mommy, what is *that*?’ The kid’s Mom started screaming at me to do something, so I gave Gladys a gown and told her to put it on, but she would not cooperate. Typical Gladys.”

Another ER frequent flyer was a woman the staff referred to as “Nympho Lady” because she must have had one of the most extensive rosters of sexual partners in the history of the world. Surprisingly, her ER visits were never for venereal diseases. Instead, her incredible lack of judgment often led her into doing things that were not particularly bright.

One day she presented to the ER with a small facial cut, and the triage nurse questioned her:

Triage nurse: How did you cut your face?

Patient: My ceiling collapsed.

Triage nurse: Your *ceiling* collapsed?

Patient: Yes.

Triage nurse: Did your house fall down or something?

Patient: No, just part of the ceiling.

Triage nurse: Why did your ceiling collapse?

Patient: I guess because I put a bolt in it.

Triage nurse: A *bolt*?

Patient: Yeah, I think it's called a toggle bolt. You know, one of those things you put through a hole in the ceiling drywall, and it has wings that expand.

Triage nurse: Why did you do that? To hang up a flowerpot?

Patient: No, I wanted to hang from it.

Triage nurse: Are you depressed? Were you thinking of suicide?

Patient: Heck no, I just wanted to spin around.

Triage nurse: Spin around what?

Patient: Spin around in a circle.

Triage nurse: Why did you want to do that?

Patient: I wanted to suspend myself from the ceiling so I could try out a new sexual position, but the rope pulled the bolt out of the ceiling and it whacked me on my face. You think I'll have a scar?

Triage nurse: Probably not. Your cut isn't very deep.

Patient: So what can I do about it?

Triage nurse: We'll have the doctor take a look at it. You probably won't need stitches.

Patient: No, the *ceiling*, not the cut. What can I do about the ceiling?

Triage nurse: I don't know. Why don't you go to Home Depot and ask them? They probably have some sort of patching compound. Now let's

get back to your injury. Did anything else get hurt? Did you get any grit in your eyes?

Patient: You think they'd have something that would support my weight?

Triage nurse: Yeah, but I'd forget about it.

Patient: Why?

Triage nurse: It can be dangerous. Look at what happened to you. How is your boyfriend, by the way?

Patient: He's at my place. He was in too much pain to come in.

Triage nurse: Why? What happened to him?

Patient: When I fell on him, his thing cracked, and then it swelled up.

Triage nurse: It sounds like a penile fracture.

Patient: A what?

Triage nurse: It sounds like he broke his penis. He should be seen right away.

Patient: Why is that?

Triage nurse: He might need surgery.

Patient: OK, I'll call him, but he sure won't come to this hospital.

Triage nurse: Why is that?

Patient: His wife works here in the OR. I think she would find out.

Dishing out a well-deserved comeuppance to a haughty egomaniac is a temptation that few people can resist. Given the difficulty, or shall I say *impossibility*, of a physician being correct 100% of the time, most physicians have learned the value of humility. Some have not, though. I previously worked with a fellow who had an overblown sense of his medical ability. Apart from his misdiagnosing some critical patients, he would sometimes humorously misdiagnose a case that should have been obvious to a second-year medical student. For example, one hapless fellow, who was taking Haldol®, came to the ER one day (years before the advent of Viagra® and similar drugs) saying that his penis had shrunk four inches and that there was "no life in it." The doctor diagnosed him as having "chronic impotence" and referred him to see a

urologist. For what? An *implant*? That was mistake #1, because this 31-year-old man was not a candidate for an implant—almost undoubtedly, his impotence stemmed from his use of Haldol®, which is known to produce this complication as a side effect. This fact is something that *every* physician should know.

Mistake #2 was when the staff photocopied the chart, writing on it in bold print, "**Our chart of the week! *No joke***." They posted this chart in the ER conference room, amused with the notion that someone would actually go to an emergency room for such a problem. However, the joke was really on the ER doctor, because if a patient is in the ER—justified or not—he should at least receive a reasonable diagnosis, explanation, and referral. What this patient needed was for the ER physician to explain to him that his impotence was probably caused by the Haldol®, and that his personal physician would need to consider changing the medicine. A urologist is not the one to make that determination. Haldol® is a drug used to control psychotic behavior, so the referral should have been to the patient's family physician or psychiatrist.

Every ER physician has a mental list of his preferred cases. Near the bottom of everyone's lists are cases that involve nausea and vomiting. While I share that sentiment, I had one such case that I found quite interesting.

Kirsten was a 23-year-old prostitute and amateur pharmacologist. Between episodes of upchucking, she told me that she wanted to retire by age 30 with at least five million dollars. That might seem to be a lofty aspiration for a prostitute, but she was not your run-of-the-mill woman of the night. Thanks to a daily handful of estrogen tablets, she had more estrogen circulating in her bloodstream than any woman in history—why I referred to her as an "amateur pharmacologist". You are probably wondering why she took so much estrogen. That thought crossed my mind, too.

Dr. Pezzi: How much estrogen do you take every day?

Kirsten: It varies. I don't keep track, but I have to get it from several different pharmacies. Otherwise, the pharmacist would be suspicious, I'm sure.

Dr. Pezzi: Why do you take so much?

Kirsten: To make more money.

Dr. Pezzi: How so?

Kirsten: It makes my vagina more luscious. That's what the johns (customers) really like, and they're willing to pay top dollar to get it. The johns say that they've never had anything like it before. Once they have me, they're hooked. You know what estrogen does to a vagina, don't you?

Dr. Pezzi: Yes. It makes it thicker and softer.

Kirsten: So, I figured if estrogen would make it thicker and softer, a lot of estrogen would make it a lot better. It works, too. Almost every guy who screws me wants to marry me. They give me all this, "Oh, honey, I love you so much!" bullshit. They don't love *me*, they love *it*.

Dr. Pezzi: Aren't you bothered by the nausea?

Kirsten: Not much. I only get it when I take a lot more than I'm used to. I think I really outdid myself this time, though. I took more than I ever have before.

Dr. Pezzi: Why did you do that?

Kirsten: To get ready for a john who has zillions of dollars. I'm going to hook him, and then keep raising my prices. He'll pay. They all do, at least until they run out of money. But this guy is so loaded he will never run out of money.

Dr. Pezzi: Aren't you concerned about the health risks of excessive estrogen?

Kirsten: It's crossed my mind, but it's a tradeoff. I don't have any marketable skills—except for this, of course! It's my only way to get rich. I'm willing to accept a small chance of dying to make a bundle of money. I grew up poor, and having no money is a bitch, let me tell you. A girl's got to do what a girl's got to do to get by in this world.

Dr. Pezzi: That's true, but why don't you just do what other women do?

Kirsten: Like get a regular job and get married?

Dr. Pezzi: Yes.

Kirsten: I wouldn't fit in with a regular job. It'd be a square peg in a round hole. And getting married is not for me. I don't want some possessive man telling me who I can screw and what I can do. (pause) Now that I've filled you in on the details of my life, how about a shot for this nausea?

Had I seen Kirsten when I was a virgin, I would have wondered what sensory delights her customers were paying for. My older brother told me that the pleasure he obtained from intercourse with some women

was almost too intense to bear, yet intercourse with other partners gave him so little pleasure that sex was barely worth the effort. In fact, he would sometimes concoct excuses to *not* do it.

A decade after I first had intercourse, I still did not comprehend the variation my brother reported. I'd had a few girlfriends, and there didn't seem to be much difference in pleasure from one woman to another. Sex was pleasurable, but a huge disappointment compared with the pleasure that I once imagined it would provide. However, the second I entered a new girlfriend I realized that there was something about her vagina that was unique; I'd never before felt pleasure that was even *remotely* so intense. The first stroke felt better than an orgasm with other women, and with subsequent strokes the pleasure just got better and better. The orgasm was simply indescribable; never in my wildest dreams could I have imagined such mind-boggling pleasure. Yes, I knew there is some variation in the overall sensate characteristics of different vaginas, but I was stunned that such an astonishing difference could exist. It's like knowing that there are some performance differences between automobiles, and one day getting in a car that can fly to the moon.

The next day (I was too busy the remainder of that night to do much thinking), I wondered what could explain such off-the-scale pleasure. Yes, her vagina was tight, but certainly not the tightest. Other than being somewhat scanty and dry, her lubrication was not out of the ordinary. Her texture was nice, but again nothing extraordinary. So what was it?

Eventually I put two and two together and solved this mystery, which I explained in *The Science of Sex* (www.sexualtips.net). Incidentally, my new girlfriend did not take estrogen, so the stratospheric pleasure that her vagina gave was not attributable to supplemental estrogen, as Kirsten used.

As I was about to discharge a patient with a sprained ankle, he casually mentioned to me, "Hey, Doc, you know anything about Accutane®?"

"Quite a bit. What do you want to know?" I answered.

"I took some years ago when I was into drugs. I stole some and took it, hoping to get high. I'd take anything to get high. It never gave me a buzz, but it gave me the worst headaches of my life."

"Accutane® can do that," I said.

"If I was smart, I would have read up on the drug first. I now know that it's a drug used for bad cases of acne, and that it's not a mind-altering drug—uh, except for one thing."

“What’s that?” I asked.

“Well, I don’t know if it affected my mind or my dick, but ever since then sex doesn’t feel the same. It’s like my dick is numb, and my sex drive is almost gone.”

“I’ve heard other people say the same thing about Accutane®, and some cases seem to be permanent. How long have you been afflicted?”

“About ten years. After this long, I’m afraid it’s permanent. I read in the PDR (Physicians’ Desk Reference) and they didn’t mention anything about this problem. Why is that?”

“I don’t know. You’d have to ask the manufacturer. They might assume that such cases are rare, but I have heard of enough cases to make me believe this problem is not a rare event. Or, perhaps they are concerned about liability, or what bad PR might do to their sales.”

“Do they just test this stuff on lab rats, or do they test it on humans, too? Lab rats sure as hell ain’t going to complain much about their sex lives, you know.”

“The FDA requires human trials before they approve drugs,” I replied.

“Then why wasn’t this problem discovered before?”

“Good question. I think that most people are very reluctant to discuss sexual matters with a physician.”

“I know. I never mentioned it to my doctor. He always seems to be in such a hurry, and he seems like a real uptight kind of guy. I wouldn’t even tell him if I was farting too much. But you seem like a very down-to-earth sort of person.”

I thanked him for the compliment. I pride myself on my lack of ostentation, unlike some physicians. One of my old bosses comes to mind. He once told me not to eat in the same room as “the help.” I quickly learned that “the help” was his term for the nurses, clerks, technicians, and other staff. He explained that physicians were too good to share a meal with these (according to him) lower forms of life. I thought to myself, “*What*? These people are my friends, and I do not think I am better than them just because I have an MD after my name. He cannot possibly be serious!” But he *was* serious. His opinion surprised me, because he was a very decent fellow otherwise. Really.

Now that I am discussing ostentation and food in hospitals, I should mention something else that surprises me. Many hospitals have doctors’ dining rooms, reserved for—you guessed it—doctors. Besides segregation, some of these doctors’ dining rooms serve food equal to that in five-star restaurants. I worked at one hospital where the doctors

could have prime rib at every lunch or dinner, while “the help” ate meatloaf or worse in the cafeteria. We ate at fancy tables covered by starched white tablecloths, and were served by chefs wearing toques (chef hats) and waitresses who looked like models. All very courteous, of course, using the word “doctor” so often I was sure they had been instructed to do that. “May I get you anything else, doctor?” “Doctor, is all of the food to your liking?” And the best part? It was free. All ‘cause I have an MD degree.

I loved eating in there so much that I hardly ever did. Oh, the food was superb, the waitresses were stunning, and the gracious treatment was a pleasant change from the profanity hurled my way in the ER. But . . . but I felt uncomfortable being singled out for special treatment just because of my degree. I felt a bit too catered to, if you know what I mean. I felt the segregation was an unjustifiable anachronism. Why couldn’t a nurse, tech, or unit clerk walk in there and receive the same food and red-carpet treatment? Aren’t they good enough?

To ensure that no injuries are overlooked, it is important to inspect all areas of a patient who has been the victim of a traumatic injury. To facilitate this, the patient is completely disrobed.

Alyssa had been the driver of a vehicle struck head-on by a drunk driver. His only injury was a cut from a broken beer bottle, but Alyssa was in a coma. The solemnity of this moment was interrupted as the nurses removed the patient’s clothing. Apparently immune to the effects of gravity, two distinctly large breasts projected straight up. An intern began staring, as if he had never seen such a thing before. One of the nurses said, “You can quit staring. They’re not real.”

A man requested to stay in the room while I did a pelvic examination on his wife. Since this was OK with her, I had no objections.

Before I performed the exam the husband went on and on about how tight his wife was, and how it would be impossible to use even a pediatric speculum on her. I found this difficult to believe, but I assured them that I would be gentle. I inserted a well-lubricated finger inside her and suddenly realized that he was not exaggerating. Her vagina was extremely tight and it remained that way (women usually tense their vaginal muscles for a few seconds during insertion of a finger or speculum during a pelvic exam). Once inside, the circulation to my finger

practically being cut off due to her tightness, the husband hunched over my shoulder and said in an animated voice, “See? See what I told you? Isn’t she tight? Tighter than a virgin! You ever see a woman that tight, Doc? I sure haven’t!”

“*RALPH!*” she screamed as she rocketed up. “You told me you’ve never done it with anyone else before!”

Oops.

I explained to the patient that I wanted to obtain an x-ray of her knee, but that it would likely be an hour or more until she would be taken to the radiology department since they were so busy. “Do you want a magazine to read?” I asked.

“No, I’ll just exercise in the meantime.”

“*Exercise?* I don’t want you moving your knee.”

“I won’t. They’re Kegel exercises.”

Kegel exercises can be performed by either sex but they are more commonly practiced by women as a means of strengthening the muscles surrounding the outlet of the urethra and vagina. By strengthening these muscles, women can enhance the sexual pleasure of intercourse for both partners and reduce their risk of urinary stress incontinence, in which a spurt of urine discharges when a woman coughs or sneezes. Men with borderline erectile problems can sometimes eliminate the need for Viagra® or a similar drug by regularly performing Kegel exercises.

As I examined a man who came to the ER for removal of a splinter, he asked me, “Doc, can you raise my blood pressure?”

“Your blood pressure is fine. Why would you want to raise it?”

“I was listening to G. Gordon Liddy on the radio, and he said that his high blood pressure is the reason why he is so well-endowed.”

That surprised me because I’ve always been impressed by Mr. Liddy’s intelligence and knowledge, and there is no correlation between blood pressure and penile size. “G. Gordon Liddy said that? Are you sure it was him?”

“Yeah, it was him. I bet he has a thousand women chasing after him. Famous, rich, and hung like a horse—I mean, what more could a woman want?”

Gina bolted upright in her bed after being startled by a loud crash. Before she could get out of bed to investigate, her bedroom door flung open. The intruder pointed his flashlight in her face, blinding her. He warned, “Don’t scream or I’ll kill you.”

Gina knew that voice, but struggled to think of where she had heard it before. “Lay down,” he commanded.

Now she knew who it was: Fred, one of her co-workers. “Fred, what *the hell* are you doing in my apartment?”

“Shut up and lay down, I said!”

“Get out of here, you son of a bitch! I’m calling the police!” Gina lunged for her phone, but Fred knocked it out of her hands and then ripped its cord from the wall.

Fred flashed a knife in front of her face. “You try that again and you’re dead. Now lay down! I’m not telling you again!”

As Gina began crying, Fred unzipped his pants and jumped on top of her. “No, you can’t, you can’t do this to me! I’m engaged!”

He didn’t answer. By now, he was inside her, making animalistic sounds with each thrust. She beat on his chest, but it was to no avail. He quivered, then froze. A few seconds later, he withdrew his penis and began dressing without saying a word.

“Why? Why me? How could you do this to me?”

He didn’t bother to answer. “Don’t tell anyone, or I’ll come back and kill you.”

In the ER, Gina was less concerned with the exam and treatment than she was about contacting her fiancé. “Oh, God, will he still want me?” she asked. Gina called him and told him to come to the emergency room, but she didn’t tell him why she was there.

When Scott arrived in the ER, he was led to Gina’s room by Bridget, the nurse. He asked, “What’s wrong, babe? Are you sick?”

“No. I . . . I’ve been assaulted,” she answered.

“Assaulted? What do you mean by that?” he asked with growing tension in his voice.

She blurted out, “Oh, Scott, I’ve been *raped!*”

He stared at her with his mouth gaping open. “You’ve been raped?”

“Yes, it was horrible. Oh, Scott, hold me!”

He didn’t budge. “You mean some other guy fucked you?”

“He raped me, Scott, he raped me!”

“Who the hell was it?”

Sobbing, she replied, “It was Fred—Fred from work.”

“You let that little motherfucker screw you?”

“Scott! I didn’t *let* him do it! He broke into my apartment and raped me, for heaven’s sake!”

“I don’t believe you. That little twit is a wimp. You should have fought him off.”

“He had a knife! He said he was going to kill me! There was nothing I could do.”

His face hardened into a steely cold glare. “You’re a liar and a whore!”

“Excuse me for interrupting, Scott,” I said, “but I think you should leave the ER now.”

“Who the fuck are you?” he asked.

“I’m Dr. Pezzi, the ER physician.”

“Was I talking to you?”

“No, but . . .”

“Then shut the hell up!” he screamed. “This bitch thinks she can fuck around on me and get away with it! Well, she’s got another thing coming!”

A split-second later, Bridget grabbed Scott’s collar. “You ever been raped? Well, I have, and I know the last thing Gina needs is an imbecile like you! Now get the heck out of the ER or I’ll have the guards throw you out!”

Scott obviously wasn’t accustomed to being on the receiving end of abuse. He brushed the sides of his shirt to smooth nonexistent wrinkles,

and then grabbed the doorknob. Before slamming the door, he scowled at Gina, saying, “I wouldn’t have dated you if I knew you were a tramp!”

Gina began crying, then stopped and held her head in her hands, looking as if she were lost in thought. Bridget and I remained silent for a few minutes, then Bridget asked, “What are you thinking, Gina?”

“I’m thinking,” she answered, “that if I wasn’t raped, I would have married that rotten excuse for a man. To go through my life with *him* . . .” She paused, shuddering in apparent revulsion as she said the word “him.” “That would have been a complete waste of my life.”

“Better to learn that now rather than after you’ve had a couple of kids,” Bridget advised. “Say, Gina, do you know how to shoot a gun?”

“No. Why?”

“You ought to have Dr. Pezzi teach you. He’s won an international shooting contest. If Fred comes after you before the police catch him, you should blow his balls off.”

“Not that it really matters,” she said, “but I don’t think he has any balls. The rumor at work is that he’s a transsexual.”

As I prepared to deliver a baby, the patient’s husband asked me, “You’re going to do a C-section, aren’t you?”

“No, I’m not,” I answered.

“*Shit!*” he exclaimed. “I want you to do a C-section.”

“ER doctors don’t do C-sections unless it is a real emergency, and the baby is coming out just fine.”

“Do it anyway!” he commanded.

“Why do you want her to have a C-section?” I inquired.

“Because I don’t want her to get loose down there. Some of my buddies said it just ain’t the same when that happens. We talked it over with the obstetrician, and he agreed to do the C-section.”

“Well, he’s not here right now, and it is too late for a C-section, anyway. Sorry, I need to run.”

After the delivery, one of the student nurses who overheard this conversation asked me for my opinion on the merits of C-sections as

opposed to vaginal deliveries. Since the ER was slow at that time, we sat down to chat for a few minutes.

“I did not have time to get in a protracted discussion with that man, but I am an advocate of C-sections.”

“Why is that?” she asked.

“When children are delivered vaginally, certain problems may develop which compromise the child’s supply of oxygen. In some cases, this deficit may be enough to cause recognizable brain injury. Those cases are not very common, but they certainly aren’t anything to gloss over, either. What is far more common is an occult decrement of the child’s intelligence.”

“What do you mean by that?”

“Let’s say that a child was destined to have an IQ of 130—a borderline genius, by definition. Let’s also say that this child’s brain was deprived of enough oxygen during childbirth so that some brain injury occurred. Perhaps not enough to warrant a diagnosis of cerebral palsy or mental retardation, but enough to lower his IQ to 100, which is average. No one is going to sit around crying about how this kid has average intelligence because it is so difficult to retrospectively appreciate the tragedy that occurred.”

“So are kids born by C-section smarter on average?”

“Not necessarily. Since many C-sections are not performed until some problem has developed, a simple statistical analysis of the intelligence of children born by C-section versus vaginal delivery does not serve to adequately illuminate the cerebral risk of vaginal birth.”

“Are there other reasons to favor C-section?”

“Yes. C-sections can be performed almost painlessly, but vaginal childbirth can be excruciating. There is a longer healing time after having a C-section, but if I were a woman, I would prefer that to the acute pain of delivering vaginally. Also, pelvic stretching induced by vaginal birth can precipitate stress incontinence. In fact, this causes some women to empty their bladder whenever they have an orgasm.”

“Not very dainty, I’d say. But what about the vaginal stretching the husband was referring to?”

“Unless the baby is very small, such as from a premature birth, the vagina will be permanently changed. This affects different women to different degrees, but an average woman who delivered vaginally will have a noticeable change. That’s probably more of a problem for the

man than the woman, but it can reduce the pleasure of intercourse for both partners."

"Why haven't I heard men complaining about that before?"

"That's not an easy thing for a man to say. We talk about it amongst ourselves, but men have a very difficult time broaching the subject of vaginal tightness with women. By the time the average man realizes this, it is too late anyway. So he either keeps his mouth shut, or divorces his wife and chases younger women."

"That really happens?"

"Of course it does, and I know men who have dumped their partners for that reason. They would never admit it to the women, though. They just run away. Most men are not very good at communication."

"So when I graduate should I counsel pregnant women to consider having a C-section for the reasons you discussed?"

"You can try, but you're probably wasting your breath. Some women are constitutionally unable to give up their fixation on vaginal childbirth. In most women, it is so ingrained it seems to be genetic. If you have any luck, let me know. I am just trying to help women so in the future they're not bitterly dwelling on why they were divorced. The women I know who were divorced by their husbands are very traumatized. There are obviously many other reasons why people get divorced, but this is one. Since it is preventable, why ignore it?"

"Why is there a move away from doing C-sections?"

"To save money. Your HMO or insurance company doesn't care if your child is less intelligent, or if you have stress incontinence, or if your husband is boinking a woman half your age. They don't care about anything except making more money. Twenty years ago, people were taken in by the promise of HMOs and other managed care organizations (MCOs) to save money. For a while, it appeared as if they might be able to deliver on their promise because healthcare costs were temporarily restrained, but now they're spiraling upward again. Those conniving SOBs that run HMOs and MCOs just used the illusion of cost containment to get their foot in the door and become firmly entrenched. The difference is that now a lot of money is going into their pockets, instead of toward your care. They return the favor by making you wade through interminable layers of red tape. I've had patients call me practically crying because they were at wits' end after fighting for a year or so to have an ER bill paid. If I couldn't make the bureaucrats understand, I'd just cancel the bill from my company so the patient could get that nightmare behind them. I also know that some physicians spend a few days per week just dealing with bureaucrats at HMOs and MCOs.

It seems to me that the doctor's time would be better spent with his patients. But do the HMOs and MCOs care about all the strife they're causing? Heck no. They're just leeches who are tickled to have a new home."

The triage nurse wrote a note on the chart stating, "Mom states patient is making unusual requests."

Hmm, that sounds interesting, I thought to myself as I walked in to see the 17-year-old Ryan and his mother.

"Hi, I'm Dr. Pezzi. How may I help you?"

"My son has been . . ." She then cleared her throat and continued, ". . . has been asking me to set him up with some of my divorced girlfriends. I think he needs to see a psychiatrist."

"What makes you think that?" I asked.

"*Doctor*, he's 17 years old! My girlfriends are twice his age! He wants to have *sex* with them!"

"Oh, I see."

Ryan's mother glanced at him and then looked back at me. "To hear *him* tell the story, you'd think it makes sense. Ryan, why don't you tell the doctor how you explained it to me?"

"My Mom had a party a few months ago and I overheard some of my Mom's girlfriends saying how horny . . ."

"Ryan!"

"Uh, OK, Mom. They were saying how much they wanted to have sex. But they're divorced, and I guess they have a hard time meeting guys. So I asked my Mom to set me up with them."

"That's perverted, isn't it, doctor?"

"I don't think it helps matters any to use such a strong and emotionally charged word as that. I can understand what might have led Ryan to think that his suggestion was pragmatic, but I can also appreciate why you're concerned about his desire to become involved with older women."

"He should be dating women his own age, right doctor?"

Ryan looked uncomfortable and squirmed as he said, “Mom, you know what I told you about that.”

“Doctor, Ryan thinks that no girl his age will like him because of his acne. I told him it’s not as bad as he thinks it is, and that plenty of girls his age have acne, too. So can you call in a psychiatrist to see him now?”

“No, but I can refer you to see one on an outpatient basis if you’d like.”

She looked somewhat disappointed and said, “I guess we’ll just have to set up an appointment and see what the psychiatrist says. Umm, excuse me, but is there a restroom nearby?”

I directed Ryan’s Mom to the restroom as I jotted a few notes on his chart. After his Mom was out of earshot, Ryan huffed before giving me a wry smile and a series of body motions that seemed to say, *you’ve been there before, you were 17 once, you know what it’s like, right?* Yeah, I knew.

After I ask a question, some patients give a direct answer while others tell me a story. I asked one man if he drank alcohol, and he responded, “Not any more. The last time I drank any was about three years ago. I’d had quite a few drinks that evening and when my wife and I were about to have sex she turned off the light. I asked her to leave it on, but she protested because she was worried about the way she looked. That’s when I put my foot in my mouth and told her not to worry because I’d be thinking of Rodi, not her. Well, you can imagine how that went over. She accused me of cheating on her, but I never did. I’d fantasize, of course, but what guy doesn’t? Anyway, we went through a pretty rough period, but things are better now and I don’t want to mess things up by saying something stupid when I’m drunk. So, no, doctor, I don’t drink now.”

A local restaurant owner brought her 18-year-old chef to the ER because he had a fever and a cough. I ordered a chest x-ray and a few other tests on Chuck, and then left to see other patients. When his tests were finished, I walked into Chuck’s room to tell him that he had pneumonia. Chuck was now accompanied by Mandi, his strikingly beautiful girlfriend, who was kissing his face as he was coughing.

Dr. Pezzi: You shouldn’t get so close to him, because Chuck has pneumonia.

Mandi: He's my boyfriend and I'll get close to him if I want.

Dr. Pezzi: You might get sick from the germs he's expelling.

Mandi: I don't care.

Dr. Pezzi: Some of the germs that cause pneumonia can cause infections besides pneumonia. Some of those infections are minor, but others can be devastating, such as meningitis. Therefore, it would be a good idea to step back, or at least use a mask.

Mandi: But then I can't kiss him!

I gave up.

ER doctors often get to know local police officers because they frequently are in the emergency department for a variety of reasons. Since we're so accessible to them, officers often ask ER docs various medical questions. Most of these questions are routine, such as "Does this spot look like skin cancer to you?" but I had one question that quickly caught my attention.

"Hey, Doc, how long does sperm live if it's left in a condom?"

"Assuming that it doesn't dry out, I think it's about four to six hours, why?"

"My Uncle owns a ski resort, and he's a single guy, so he really gets around. Anyway, one of his housekeepers is saying that he got her pregnant, and she is demanding a lot of money. At first, my Uncle was not worried because he never had sex with her, but now he's sweating bullets because he is wondering if she retrieved one of his condoms from the trash and used his sperm to get herself pregnant. That can happen, can't it?"

"Very easily."

"Is there any medical way to prove that he didn't have sex with her?"

"No. In a disputed case such as this, a court would look to a DNA test to establish paternity. If she were impregnated with his sperm, no matter how it got inside her, the court would rule that it's his child."

"So there is no way to fight it?"

"I don't know. I'm not an attorney."

“It’s going to be tough, I can see that now. Since my Uncle is such a womanizer and that housekeeper is a pretty little thing, I don’t think any judge or jury is going to believe that he didn’t do it. Doc, did you ever hear of a case like this before?”

“Not exactly, but somewhat similar. I had a patient a few years ago who extracted semen from her boyfriend’s condom and then impregnated herself so that he would marry her. She had been pressuring him for years to get married, but he kept putting her off. She pulled that trick when she realized he’d never willingly marry her.”

“They got married?”

“No, he killed himself. I saw her in the ER because she was depressed and distraught about what had happened.”

“My Uncle sure won’t kill himself. I guess he will just have to pay her off.”

Because DNA evidence seems so watertight, some devious people are devising ingenious ways to use it so that people reflexively jump to the wrong conclusions. If you think that ski resort housekeeper was crafty, you ain’t seen nothin’ yet.

I know of another case in which a convicted rapist packaged his semen in a ketchup packet so it could be smuggled out of prison. He then had a friend smear it on herself and call the police to report that she had been raped. The impression he was trying to create in the minds of the authorities was that some other rapist with virtually identical DNA was committing rapes and therefore may have raped the woman whose rape resulted in his incarceration. In lieu of other incontrovertible facts, the DNA evidence could not prove that the correct rapist was imprisoned. Therefore, there is a reasonable doubt, and consequently he should either be released or given a new trial and a chance to befuddle 12 jurors. In reality, there are an essentially infinite number of ways in which DNA evidence can be used to lead police and prosecutors down the wrong track. If you are an aspiring novelist or screenwriter who is searching for a fresh theme, with some knowledge of DNA and a bit of creativity you could come up with something that is very intriguing.

As I sutured a cut on a young man, he casually told me that he had fathered approximately 100 children.

“*One hundred* children? How do you support so many kids?”

“I don’t.”

“Then who does?”

“I guess their mothers get assistance or something.”

Stunned by his callous attitude, I said, “Do you think it’s fair to leave the responsibility of raising children to the mothers and to the taxpayers?”

“Heck yeah.”

“Why do you think it’s fair?”

“Because I’ve got too many kids to support, that’s why.”

Decades before cellular phones came into widespread use, many American drivers used citizen’s band (CB) radios for entertainment and to obtain local information as well as to call for roadside assistance. Most CB users were upstanding people, but some were not.

A case in point. One of my patients told me that she had used her CB radio to ask someone to help her change a tire after she developed a flat. A man who seemed to be a Good Samaritan responded and said he would help, so she gave him directions to where she was parked. Instead of helping her change her tire, he raped her.

I suppose that most people who use cellular phones blithely assume that their messages are private, but it is very easy to intercept calls made from certain types of cell phones. Of course, eavesdropping is a crime, but anyone who is intent on rape is not likely to be deterred by laws that prohibit interception of private radio transmissions. Therefore, it’s a good idea to be circumspect while using a cell phone. If you call your husband to tell him that your car conked out in the middle of nowhere, keep in mind that some thug may reach you before he does.

A 31-year-old patient told me that he’d responded to a personal ad for a “beautiful, intelligent, interesting, active, and successful” woman. To make a long story short, Tim said that he began corresponding with this dream-come-true person and, two months later, learned that the person he had been interacting with was her *mother*. Mom claimed that she placed the ad for her shy daughter and was screening the responses to weed out undesirable men. OK, that’s understandable, but two *months*? Wouldn’t an FBI background check have been a lot quicker?

However, this did not dissuade Tim, who corresponded with her for another month before she proposed meeting him for the final check. By now, Tim told me that he was growing weary of jumping through all of her hoops, but he'd seen a picture of her daughter and was so enticed by the prospect of being able to meet her that he was willing to do just about anything.

Poor guy. They met and the Mom finally confessed that she placed the ad hoping for some extramarital activity. She said she first tried the honest approach, but she had a penchant for young men and she could not find anyone interested in someone a few decades older. By using her drawn-out screening process, the Mom hoped to find a young man who was, well, desperate. Bingo.

Tim said that he was extremely disappointed at first, but with the assistance of several wine coolers that letdown soon melted into an "ah, what the heck" attitude that culminated in intercourse. Let's join Tim in the ER as he continued speaking.

Tim: I need a work excuse.

Dr. Pezzi: Why do you need a work excuse?

Tim: Because I'm not going into work today.

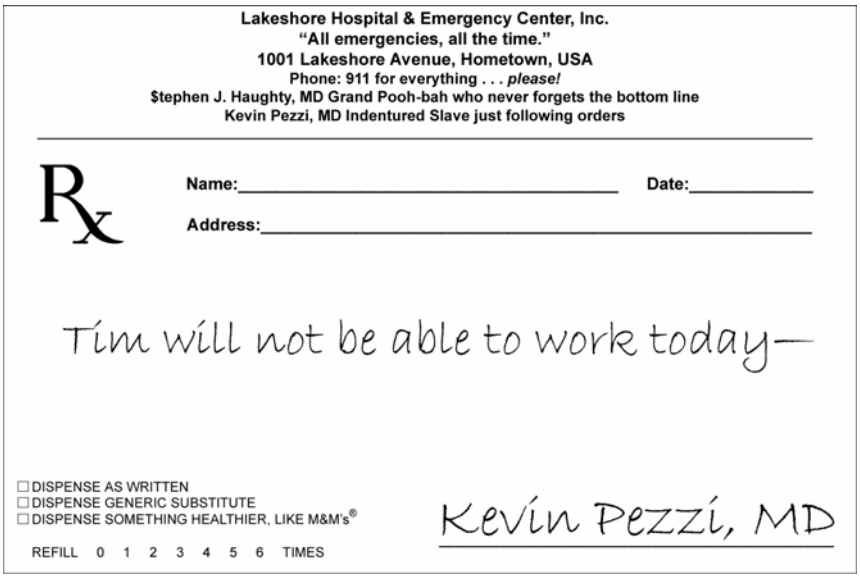
Dr. Pezzi: Why aren't you going into work today?

Tim: Because I'm meeting my girlfriend.

Dr. Pezzi: You finally met the daughter?

Tim: No, I'm still dating her mother.

I hate to admit this, but I gave him the excuse he requested. These days, medicine is degenerating from a profession into a business, and ER doctors are under intense pressure from their bosses to give patients what they want as along as it's not *too* harmful to them (the word *too* in this sentence is not an oversight; a good example of this is when doctors knuckle under and give antibiotics to people with viral infections). However, whenever I wrote a work excuse for a nonmedical reason, I would phrase it like this:


Lakeshore Hospital & Emergency Center, Inc.
"All emergencies, all the time."
1001 Lakeshore Avenue, Hometown, USA
Phone: 911 for everything . . . *please!*
$tephen J. Haughty, MD Grand Pooh-bah who never forgets the bottom line
Kevin Pezzi, MD Indentured Slave just following orders

Rx

Name:_____ Date:_____

Address:_____

Tim will not be able to work today—

☐DISPENSE AS WRITTEN
☐DISPENSE GENERIC SUBSTITUTE
☐DISPENSE SOMETHING HEALTHIER, LIKE M&M's®

REFILL 0 1 2 3 4 5 6 TIMES

Kevin Pezzi, MD

I'd just think of "Tim will not be able to work today—" as an incomplete sentence, the completion of which is "—because he will be fornicating in a motel with a woman old enough to be his mother."

Linda was a 24-year-old woman who presented to the ER complaining of vulvar irritation she noticed while having sex the prior night after a long period of abstinence. Interestingly, she'd seen her gynecologist a few hours before, but Mr. Magoo[6]—or should I call him *Dr*. Magoo?—couldn't find anything wrong. Linda knew that something was amiss, so she came to the ER.

The second I looked at Linda's vulva, I wondered how Dr. Magoo could have missed something so obvious. The patient's vulva was peppered by several growths that were a textbook case of genital warts, but the rest of the examination was unremarkable.

I removed my gloves and sat next to Linda as I explained what I'd found along with its treatment and somewhat dismal prognosis. Tears welled up in Linda's eyes, and then she explained her dilemma. Should she tell her boyfriend, since he may have contracted an infection? Or should she wait to see if he developed warts? She did not want to tell him needlessly

[6] For readers too young to know the fictional cartoon character Mr. Magoo, he was oblivious to his very poor eyesight.

because she was afraid he might dump her. I wasn't too worried about that. Linda was indescribably pretty, and most guys would not be in a hurry to let her go, warts or no warts.

Laypeople probably assume that doctors are told how to handle such issues during medical school, but med school professors are too busy lecturing about rare diseases to have enough time to give us advice on the best way to handle these common quandaries. So, guided by our common sense, we wing it.

I held Linda's hand as her tears flowed more freely. I told her that I thought she should tell her boyfriend. Since I had no way of knowing if he would remain faithful to her, I was concerned about the possibility of him unknowingly spreading genital warts to other women. If he were apprised of the potential infection, he would not risk infecting anyone else. At least, he would not do that if he were moral.

The next day I received a phone call from Dr. Magoo, who was piqued because he thought I gave Linda too rosy of a prognosis. He told me that he'd reexamined her and—*surprise!*—confirmed that she indeed had genital warts, for which he planned to treat her. However, he wanted her to have a very low expectation of the prognosis so that she wouldn't be disappointed when Magoo's treatment failed.

I was not about to let myself be pressured by such an incompetent buffoon. There are many difficult things in medicine, but knowing that a vulva covered with genital warts is not a normal vulva is surely one of the least challenging tasks facing a doctor. And what self-respecting gynecologist needs an ER doctor to tell him that his patient has genital warts? If Magoo was challenged by the simple task of recognizing warts, I wondered how skilled he would be in treating them? Probably not very, I thought. No wonder why he wanted Linda to believe that she would have warts no matter what he did!

While there may be some miraculous permanent cure at the time you read this, when I saw Linda there was no known way to definitely rid the body of the virus that causes warts. Therefore, the mainstay of treatment was to cauterize or otherwise remove the initial warts and whatever warts might subsequently appear. However, in diseases such as warts in which there is long-term persistence of a virus in the body, few doctors counsel their patients on things they can do to minimize the risk of recurrence. The conceptual mistake these doctors make is to assume that a patient's immunity is fixed. That is incorrect. If there were a medical device that could gauge immunity the way we measure temperature or blood sugar, you would see that your immunity is constantly changing in response to many factors. When it dips, you're more apt to contract an infection or experience an exacerbation of a latent infection such as genital warts, cold sores, shingles, and whatnot.

Nothing illustrates how doctors ignore the fact that immunity is modifiable more than the following example. Let's say that you see your doctor for a cold, and he tells you that antibiotics won't help because it's caused by a virus. So far, so good. However, if you ask if there is anything else you could do, the doc will likely tell you to take Tylenol® and drink plenty of fluids. That advice is so commonplace it is virtually a cliché. However, it is also woefully incomplete. In reality, there are *dozens* of things you can do to improve your immunity; I discuss this in *Fascinating Health Secrets* (www.erbook.net/fhsmain.htm). By heightening immunity, the course of the disease is shortened and you're less apt to get sick in the future. In Linda's case, optimizing her immunity would reduce her risk of recurrence of the warts, so I gave her a number of tips that Magoo failed to mention. Perhaps I should have given her another tip, too: find a different gynecologist.

Imagine that you are Linda's boyfriend or someone else who has just had intercourse with a person infected by a sexually transmitted disease. Will you contract the disease? Based upon the fears expressed by my patients who faced such a situation, just about everyone assumes that infection is inevitable. But is it? Not at all. While I don't want to leave you with the impression that you can be cavalier about venereal diseases, the risk of transmission varies, depending upon the specific disease, from less than 1% to a fairly high probability of transmission.

It is important to have a realistic idea of the true risk because the gloomy outlook possessed by some people causes them to consider overly drastic actions. For example, after being exposed to herpes but not knowing yet whether he had contracted an infection, one of my patients attempted suicide and another washed his penis with bleach and other powerful chemicals that caused a severe chemical burn.

Incidentally, the chance that you will contract a sexually transmitted disease after having sex with an infected partner is minimized if your immunity is high, as discussed in the above topic.

After treating a 14-year-old boy who attempted suicide, I routinely inquired why he tried taking his life. He explained to me that his 16-year-old sister was pregnant and that was causing an uproar in his family. Here's what I asked him next:

Dr. Pezzi: Why would that make you attempt suicide?

Patient: Because she swears up and down that she never had sex. You should see how my parents scream at her, calling her all kinds of names. But she just cries for hours and tries telling them that she didn't do anything to get pregnant.

Dr. Pezzi: I can appreciate how that situation would be very upsetting, but why would it make you do what you did today?

Patient: Because I got my sister pregnant, that's why.

Dr. Pezzi: I see.

Patient: But that's not the worst part.

Dr. Pezzi: (wondering how much worse could it be?) What is?

Patient: The way I got her pregnant.

Dr. Pezzi: How was that?

Patient: I didn't have sex with her.

Dr. Pezzi: Then how did you get her pregnant?

Patient: (*looking very uncomfortable and blushing*) I, uh . . . I used her vibrator. Usually I'd wash it off, but a few months ago she surprised me when she came home early from work. I had just enough time to wipe it off with my hand and put it away before she came upstairs. I heard her get it out but I was mortified. I mean, how could I tell my sister that I just used her vibrator? I couldn't do it. I really didn't think there was enough sperm on there to get her pregnant, but I guess I was wrong. Are you going to tell my parents?

Dr. Pezzi: Yes.

Patient: (*crying*) They'll kill me.

Dr. Pezzi: No, they won't.

Patient: Oh yes they will! You don't know them. They're so strict they won't even let my sister date. Isn't there something else you can tell them?

Dr. Pezzi: Like what?

Patient: Tell them I had sex with her.

Dr. Pezzi: Why would that be any better?

Patient: It would seem more normal. I could tell them I got drunk or something. I have seizures. Maybe I could tell them I did it after a seizure when I was still kind of confused.

Dr. Pezzi: They would never buy that excuse. I have never seen any seizure patient behave that way.

Patient: Then can I blame it on my neurologist?

Dr. Pezzi: No.

Patient: But he gave me too much phenobarbital a few months ago, and I was really doped up.

Dr. Pezzi: I'll tell you what. I don't care what excuse you come up with as long as your parents learn the truth about how you are the father of your sister's child. That is an important medical fact that I cannot sweep under the rug. If they believe your excuse, that's fine.

The parents handled this with a lot more equanimity than I'd expected. After the father heard his son's explanation he yelled, "*What? Why didn't you tell us?*" after which the patient cried for so long that by the time he finished crying his parents seemed to realize that they now had two serious problems to cope with, neither of which would be helped by anger.

A 17-year-old patient asked me to give her a prescription to help her sleep.

Dr. Pezzi: Do you know why you're having a problem sleeping?

Patient: Yes, I know. I broke up with my boyfriend and now he is dating my Mom—she's divorced. I went to a party last Saturday with my new boyfriend, and when we got back to my house, they were doing it on the *couch*. (grimaces in disgust) Oh my God, it's just plain weird! And what a hypocrite! My Mom always lectured me about how I shouldn't have sex until I'm married, and now she's screwing my old boyfriend who is half her age? Isn't that *sick*?

Dr. Pezzi: I can certainly understand why you would be very upset by that.

Patient: I wish that I could stop them.

Dr. Pezzi: How old is your ex-boyfriend?

Patient: He's 18.

Dr. Pezzi: Then he is an adult, so I can't do anything.

Patient: But it's really upsetting me.

Dr. Pezzi: Have you spoken with your Mom about this?

Patient: Yeah, and she just told me that I am old enough to realize that she has needs, too. But she should date men her own age!

Dr. Pezzi: Why doesn't she?

Patient: I know she likes younger guys, because every time I'd bring a guy home she would always flirt with him. She's real pretty and looks young for her age, and many people think we're sisters, so it's no wonder why some guys I dated were interested in her.

Dr. Pezzi: Do you mean this isn't the first time she has become involved with one of your former boyfriends?

Patient: It sure isn't the first time. Last New Year's Eve my Mom got drunk and ended up in our hot tub with Andy, the guy I was dating.

A nurse walked in the room and said, "Excuse me, Dr. Pezzi, but we're getting an ambulance with an ETA of one minute. Apparently an attempted carjacking. The driver was shot a few blocks away from the hospital. 32-year-old male, stable vitals."

I explained to the patient that I would return to continue our discussion as soon as I took care of the man who had been shot. When I returned she was sleeping soundly. Sometimes there is nothing like an emotional catharsis.

Speaking of catharsis reminds me of the following story. An elderly man, Tom, came to the ER because of chest pain and shortness of breath. An EKG revealed that he was having a myocardial infarction ("heart attack"), which we treated in the standard way. During one of the times that I stepped in to check on him, he asked, "Doc, am I going to live? Will I make it out of the hospital?"

He had responded well to the treatment thus far, so I explained that he had an excellent chance of survival. He wasn't entirely reassured by this.

"Do you mean that I might *not* survive this heart attack?"

"That is possible," I explained, "but not likely. Almost undoubtedly, you'll do just fine."

“Well if there is any chance that I may die, I’ve got to tell you something. I’ve got to get it off my chest.”

“OK,” I said encouragingly.

He paused, looked skyward for several seconds, and then stared at his lap. “I fought in Europe during World War II. The Germans shelled the hell out of us one night and killed everyone in my unit except me. I ran out of there, and kept going until the next day when I was too exhausted to continue, so I hid in a forest and took a nap. I awoke when I heard brush crunching. Didn’t know if it was an animal or a Kraut, so I grabbed my .45 and waited. I was almost ready to shoot when I saw that it was a young girl, maybe 14 or so, really cute but filthy, dressed for summer even though it was fall. After we got over the shock of bumping into one another, I gave her my jacket because her teeth were chattering. When that stopped, I could understand her pretty good. She said that her family was killed by the Krauts because they were helping Americans. She was in their barn when she heard the machine guns firing, so she buried herself in a pile of hay until she heard the Nazis leave. She said that her parents were dead in the kitchen, and her father’s head was so mutilated that she didn’t recognize him, except from his clothing. She found her little sister in an upstairs closet, barely breathing, making gurgling sounds for a few minutes until she died.

She didn’t know if the Krauts would come back for her, so she took off and had been hiding in the woods ever since, surviving on food that she scrounged from local farms at night. When she stumbled upon me, she hadn’t eaten in three days, because it was hard to find food after the harvest. I gave her some of my rations, which she gobbled down in a few minutes. I didn’t say anything while she was eating; just watched her and felt sorry for her. This fucking war, that fucking Hitler, those fucking goon Krauts who would murder anyone. Fuck ‘em all.

I was afraid to make a fire because I thought the smoke might draw in the enemy, so we stayed warm by building a shelter and snuggling together inside of it. She said she was 18, but she didn’t look it. Maybe years of being half-starved stunted her growth.

She shocked me one night by telling me that she wasn’t a virgin. She said that her boyfriend had been taken away by the Germans a year ago, and she hadn’t heard from him since. That got me to thinking. There I was, 21 at the time, and I’d never had sex. When I left the States, I wondered if I’d ever get to find out what sex was like before I died. Being a pessimist, I didn’t think that I would survive the war. My girlfriend back home stopped writing to me shortly after she met an older guy who owned a hardware store. I got thinking about that, and started talking about my old girlfriend. Then she kissed me. I didn’t know at first if it was just to cheer me up, but her kiss felt so good that I didn’t want to stop

kissing her. One thing led to another, and we ended up having sex that night.

I did not want to be charged with desertion, so I should have tried to find the American troops and report back for duty, but I didn't know where the heck they were. Every time we traveled very far, we would eventually run into Germans, so we kept coming back to our original shelter. To tell you the truth, I liked it. I was happy for the first time in my life. My mother died when I was young, and my father was a mean bastard who was either yelling at me, beating me, or working me to death. I went straight from living with him to the Army after I was drafted. Then I started dodging bullets and worrying that every day might be my last one. Now I had a girl who was affectionate, pretty, and wanted to marry me. I told her that, no matter what, I would come back for her after the war was over and I was discharged. I meant it, too.

Then one day I was heading to the stream to get water when I saw a parachute coming down. It was an American fighter pilot who was shot down while strafing some Krauts. He knew exactly where we were, where the Germans were, and where the American line was—only about 25 miles due west. He didn't waste any time, and began walking in that direction. He took about 15 steps, turned around, and asked me if I was coming. I was frozen, wondering what I should do. I was afraid to tell him about the girl, and I knew that I couldn't bring her with me, so I went with him. We made it back late the next day.

I've hated myself ever since, because I never tried to find her. Not during the war, and not after it. I left her in the middle of the woods all by herself, and it's been killing me ever since because I don't know what happened to her. Did she starve to death? Freeze to death? Get shot by a Kraut? And the worst part is, I think that I may have gotten her pregnant. If she lived, I may have a son or daughter who never had a father. Ever see how devastated Europe was by the war? It must have been tough for anyone to survive, especially someone that young with a baby. I felt terrible for leaving her in that predicament. Imagine what she went through? I left to get water, and never came back. No gunshot, no noise, no hint of what might have happened to me. God, it must have frightened her to death and broke her heart that I left her that way.

I never married. I kept thinking that I'll go back and find her. But I kept putting it off, and before I knew it, so many years had passed I knew she must have been married by then, or dead because of me. By then, I was fat, bald, and always miserable. I never found anyone interested in dating me, so I kept eating and working, eating and working . . . probably why I had the heart attack. I sure wish my life had been different, but it's too late to change it now."

Tom paused for a moment, and then looked toward me. "You think she might be alive?"

“I don’t know,” I answered, “but I tell you what I would do. Get better, get out of here, and go try to find her.”

His eyes opened wide. “*Find her?* After so many years?” He was incredulous.

“Why not? Go to the village where she lived and start asking about her. If she lived, she probably returned there shortly after you left as the Allies advanced toward Germany. Someone is bound to remember.”

Tom made a *why not?* gesture with his face, and said, “Might as well. I’m retired and have nothing else to do. It’ll give me a reason to live, if nothing else.”

“Do me a favor,” I requested. “If you find her, or find out what happened to her, let me know.” I wrote my phone number down and handed it to him (unlike most doctors, I gave my home phone number to many patients).

“It’s a deal,” he promised.

Six months later, I returned home from yet another disappointing date and found two messages on my answering machine. The first was from my Mom, who asked if I could come over and change the oil in her lawn tractor, because she cancelled her Sears service contract for it after they raised their prices and limited what it covered. Then a message that made me stop in my tracks. *Beep* . . . “Hi Dr. Pezzi, it’s Tom. I saw you in the ER last year when I had a heart attack and told you about the girl I left behind in Europe. Well, I did what you said. I went there and found her the first day. When she saw me, she was so stunned that I thought *she* was going to have a heart attack. The first question out of her mouth was, ‘What happened to you?’ Just the question I did not want to answer. But after we both spilled lots of tears, we caught up on what went on in our years apart. Her boyfriend came back but left her when he saw that she was pregnant . . . with my baby, by the way. So she married another man, who raised her daughter—*our* daughter—as his own. He died several years ago in a car accident, and she has been alone ever since. Just the one daughter and three grandchildren. All girls, and all gorgeous. I met ‘em all. Nice folks, too. I was afraid they’d run me off for how I left her back in the war, but they were as kind as could be. She is still attractive and young-looking for her age, so I was surprised that she asked me to come back when I was getting ready to leave. I returned and spent a month there, but had to come back here to take care of some financial matters. I am now packing up and headed back there to stay. It’s good to have a family. At least I have someone to leave my money to. I’ve worked hard all my life and never spent much, so I have quite a nest egg. That money will now be spent taking care of my family. It’s a great feeling to be able to do that. I wanted to thank you for giving me the idea to find her. At that time, I was too pessimistic to think that

such a thing would be possible, but it was, just as you said. Thanks for treating my heart attack and giving me a reason to live." *Beep* . . . you have no more messages.

When I have time, I will turn this recording (which I saved) into a podcast. The emotions conveyed by his voice are even more heartwarming than the transcribed words. When the podcast is ready, I will put a link to it in this book. Unless you recently downloaded this book, you can check for an updated edition to get the podcast link, or other additions. You can also sign up to be notified if I release a new edition of this book or another book. It's all free.

Incidentally, you don't need an iPod to listen to a podcast. You can also download a podcast and listen to it on your computer, or burn it to a CD.

After spraining his ankle, John presented to the ER accompanied by his wife, Marta, and her sister, Brittany. Just before I left to order an x-ray, Marta asked me a question.

Marta: I would like your opinion, doctor. I am expecting my first baby, and in the event it's a boy we've been discussing whether or not he should be circumcised. I don't want to have him circumcised, but John says it is better for a man to be circumcised.

Brittany: Why do you think that, John? You're not.

Marta: *Brittany!* How do *you* know?

Brittany ran out of the room, so I never had a chance to hear her explanation. John denied doing anything with her, of course, but Marta seemed skeptical.

As I came on for the night shift to relieve Ben, he gave a synopsis of the patients he was turning over to me. "Oh, you'll like the next patient," he beamed.

"Why is that?" I dryly inquired.

"She's a stewardess. Absolutely beautiful. And *stacked!*" He motioned with his cupped hands in front of his chest, as if I didn't know what "stacked" meant.

"What's she in here with?" I asked.

“Chest pain. You lucky guy. She's single; have a good time.”

“Ah, she's probably dating a pilot. They make as much money as we do, and nobody sues them, even when they plow a 747 into the side of a mountain on a sunny day. Why is it that only doctors are personally sued?”

“Pezzi, people hate doctors. Haven't you figured that one out yet?”

Her EKG, chest x-ray, and blood tests were unremarkable. Darn. I was hoping for an easy out. But, with no obvious diagnosis, I was forced to do what I dreaded most: I had to examine her—and her chest. Oh, I know what you're thinking: horny young doctor can't wait to cop a feel of the beautiful bombshell. Personally, I would rather examine an 88-year-old great-grandmother. Then, if I have to do a breast exam, no one would question the legitimacy of it. I would never do any exam unless it was indicated, but I can appreciate how patients might think otherwise. And, with a bod like that, I was afraid the stewardess would think I was just having a bit of titillation. No pun intended.

I was correct. As I was palpating her chest wall (which *was* tender, thus providing the diagnostic clues), she commented, “I bet you like your job.”

I searched for an answer that was sufficiently ambiguous. “You might be surprised.”

Her comment seemed to suggest, “I know that I am stunning, so you must be relishing the chance to touch me. *What man wouldn't?*”

While it is true that she was one of the most attractive women I had ever seen, I did not obtain any pleasure from touching her. In fact, given the way she made an issue out of this, I was distinctly uncomfortable doing the exam. Had we been on a date, it would have been a different story. But in the ER, while I was working as her doctor? Nope, no thrills there.

I discussed this case in more detail on my web site in response to a submission from a woman, Donna, whose exceptional beauty elicited more attention than she wanted from the ER doctors who treated her (Donna's story and picture are posted on my web site: www.erbook.net/donna.htm). The stewardess case presented above is a good example of one of the drawbacks to beauty: namely, that it can lead to suboptimal medical care. Here is what I wrote about this subject:

What is the “pitfall of being pulchritudinous[7]” that I mentioned in the page subtitle? I contend that extraordinarily attractive women are more likely to receive substandard treatment from male physicians. I will discuss some

[7] Pulchritudinous = having great physical beauty and appeal.

reasons for this, then present a mea culpa in which I reveal how I've succumbed to this problem, too.

Given that attractive women often receive more attention, it may seem counterintuitive to suggest that this surfeit of attention results in second-rate medical care. However, this does occur because the heightened attention is focused on the woman's beauty, not the woman's health problem. Hence, simple gawking can sidetrack the physician's attention. He may also be distracted by thinking of her as a potential date. Is she wearing a wedding ring? Does her chart indicate her marital status? Has she said anything to suggest whether she is available? If not, how can I evoke such a revelation?

Stunning beauty can also discombobulate men, including physicians. Once a male retina imprints on a pulchritudinous woman, a neurophysiological response is induced that is not conducive to concentration . . . at least not concentration on cerebral matters. Thus, even if a doc does his best to zero in on the medical problem, he must fight eons of programming that divert his attention elsewhere.

A strikingly attractive woman may also receive poor medical care because her beauty is sufficiently intimidating to deter the physician from doing some exam because he fears that the patient might question the legitimacy of it. I will illustrate this by divulging one of my cases. I had a patient who was a knockout. She was cute, beautiful, sexy, and exuded a playfulness that I found captivating. Unfortunately for me, her breasts were so tantalizing that I couldn't help but notice them; they were large, full, and would jiggle distractingly whenever she moved. I said “unfortunately” because she had, alas, chest pain. I did the usual ER evaluation, including an EKG, chest x-ray, various blood tests, blood oxygen level, cardiac monitoring, and whatnot. The history was similarly unhelpful in diagnosing her problem, so with more than a bit of trepidation, I embarked on the physical exam. Ordinarily, I exam patients before ordering tests, but this patient was signed out to me by the doc who worked the preceding shift, thus explaining the apparently illogical sequence of evaluation.

If you've been to medical school, you know about the mitral area. If not, I will explain it. There are four cardinal points on the anterior chest wall for cardiac auscultation: the aortic, pulmonary, tricuspid, and mitral areas, named after the corresponding heart valves. These areas represent the zones at which sounds emanating from the valves are best heard (in most cases; I won't explain the exceptions and turn this into a cardiology lecture). The aortic and pulmonary areas are positioned high enough on the chest wall to be made visible by a moderately plunging neckline. Thus, auscultation of these areas typically does not induce much discomfiture on part of the physician. The tricuspid area is smack-dab in the area where the cleavage begins to get very interesting, and when a

doc has a lusciously well-endowed woman as a patient, he may be hesitant to plant his stethoscope in this area, fearing that the woman might think he is fixated more on titillation than heart sounds. The mitral area is even more of a challenge, since it is often covered by a pendulous left breast. Since breast tissue and cloth attenuate sound, the best thing to do is to expose this spot and displace the breast before listening. However much I would have enjoyed touching her breast, I thought there was too much opportunity for my actions to be misconstrued, so I asked that she displace her breast while I listened through her gown—undraping her breasts seemed to be too much of a dream come true to justify doing it for some flimsy excuse, such as a cardiac exam. Hence, her gown stayed on.

I suppose most doctors are not as finicky as I am about auscultation (except in treating women who are supremely attractive), but in the process of developing my electronic stethoscopes, phonocardiographs, and echophonocardiographs, I spent thousands of hours listening to heart sounds and analyzing them in every way possible, during which time I became very persnickety about the process. Consequently, I generally eschew anything that interferes with auscultation, even slightly. Most physicians do not mind a bit of intervening cloth, so my failure to remove her gown may seem inconsequential. However, if a person has chest pain, it is important to consider every possible serious cause of it, including breast diseases such as infection and cancer. Thus, inspection and palpation are not optional, unless the doc has a Ouija board or crystal ball in fine tune. You may think of breast cancer as a disease that affects older women, but I've seen women as young as twenty who died from it (that is, by the way, a story I'm saving for my next book of ER stories). Since my beautiful bombshell was in her late twenties, that was possible. Highly unlikely, considering that her tenderness seemed to be confined to the area around the sternum (breastbone), but possible. Therefore, after I determined that the peristernal area was tender, I should have verified that other areas were not. In short, I should have done a complete exam, but I settled for an almost complete exam. I diagnosed her as having costochondritis, an inflammation of the joints between the ribs and sternum. Almost undoubtedly, this was the correct diagnosis, but why leave it to chance? If she were less attractive, I would not have hesitated to complete the examination.

The reluctance of physicians to completely examine beautiful women is somewhat similar to the VIP syndrome, in which doctors are intimidated by patients who are celebrities, dignitaries, bigwigs, or otherwise luminaries. Generally, the VIP's do nothing to trigger this intimidation, but their status may be sufficient to make doctors loath to perform breast, pelvic, genital, or rectal exams. One of the most notorious cases of the VIP syndrome going awry is that of Jackie Gleason, the famous comedian. Because Gleason was a celebrity, his physician neglected to perform a rectal exam on him, thus missing a rectal tumor that might

otherwise have been detected early enough to be cured. Instead, the cancer was discovered at an advanced stage, and Gleason died. And then there is Elvis Presley, whose penchant for drugs was fueled by a doctor who gave The King what he wanted. And then there is Michael Jackson, whose plastic surgeons evidently don't know when to say no.

I am not susceptible to the VIP syndrome, perhaps because my knowledge of popular culture is so sketchy that I rarely knew that my patient was a celebrity until a gushing nurse pointed it out to me. Even then, I am not easily impressed by big shots, so if one had an orifice that needed probing, I'd probe it. But very beautiful women are another story. In retrospect, my reluctance to treat them the same as other patients was inexcusable. Perhaps surprisingly, I never hesitated to do a pelvic or rectal exam if one was needed, but I recall two cases in which I did not do a breast exam simply because the woman was drop-dead gorgeous. Had there been a specific reason for doing the exam (such as a breast discharge), I would have done it. When physicians perform a complete exam, some of the things they check are vitally necessary because of hints from the patient history, but other aspects of the exam are tantamount to a wild-goose chase yet are done for the sake of completeness. Sometimes, these low-yield exam components reveal an important finding, thus they aren't worthless. The threshold for determining what constitutes a wild-goose chase seems to be inversely proportional to the woman's beauty. Therefore, beautiful women should be cognizant of this tendency for male physicians to treat them differently and, if necessary, take steps to ensure that their care is not compromised. I am a fan of the direct approach, so if a woman detects that her physician is spellbound, she should matter-of-factly acknowledge his apparent captivation and request that she be treated as any other woman. If that doesn't suffice, she should suggest that the doctor do something he may be reluctant to do, such as a breast exam. Don't let your beauty turn you into the next Jackie Gleason.

These days, one of the problems with young women is that they often don't look like *young* women—they look like sexually mature, above-the-age-of-consent women. Chalk it up to the many chemicals in our environment that act as synthetic estrogens, or whatever. Regardless of its causation, it can create some nightmarish problems for men who think with their wrong head.

Jennifer was brought to the ER by her parents, a state social worker (I'd never actually seen one before), and an entourage of police officers. I guessed that I would soon be filling out a lot of paperwork. I was correct. Jennifer had been dating Harry, who was 31. Jennifer was, well,

stunning. With a bod like that, she could have been a Miss America. Who'd have thought she was only 14?

Her parents were upset by this, but couldn't do much about it. They would ground her, but she would find a way to see him. One day, as Jennifer was staying with her grandparents, Harry stopped by. He took Jennifer on an unauthorized date, to an unauthorized motel, for some unauthorized fun. Now her parents had him. They immediately called the police, and whisked her to the ER.

Jennifer seemed as reticent as Monica Lewinsky, as she was reluctant to say anything that might incriminate her partner. Eventually, she said that Harry had engaged in “no improper sexual activity” with her. Gee-whiz, with lingo like that, I thought she was being coached by White House lawyers.

OK, he'd engaged in “no improper sexual activity” with her. But did he have *sex* with her? Turns out that he did. Fancy phrases are often contrived as a means of obscuring the truth.

A 17-year-old woman had intercourse with her boyfriend and the condom slipped off inside her. She could not reach it, so she called the ER for advice. The nurse told her to have the boyfriend try to extract it, since his fingers were probably longer. She felt this would be too embarrassing, so she came to the ER for assistance.

As she walked into the ER, a police officer asked her why she was in the emergency room. The officer was her father, in the ER for an unrelated matter.

I was eating pizza with the nurses when one of the residents asked me if semen is normally acidic or alkaline. Believe it or not, but that can actually be a useful diagnostic clue. Plus, it makes for interesting conversation, especially when student nurses are within earshot. Apparently not giving much forethought as to the implications of her question, one of them asked, “If it’s normally alkaline, then why does it taste kind of bitter?”

A split-second after she said that she realized how she’d revealed an intimate matter that is usually not mentioned in a room full of strangers, and ran out of the ER. I never saw her again. Darn. She was cute . . . and, well, you can guess the rest.

The patient's granddaughter asked to speak with me in the hallway. "What are her chances, Doctor? Do you think she is going to make it?"

What could I say? I'd been seeing Kari's grandmother as a patient in the ER for a couple of years, and her chronic lung disease was not responding to her best efforts at getting better, which consisted of decreasing her cigarette consumption from four packs per day to only three. "Well, Kari, she's still smoking heavily. I think I will be able to help her pull through this episode, but her condition has worsened considerably in the past few months. Considering her present status and the fact that she won't stop smoking, I'm afraid that there is little more we can do for her."

She appeared to be having some difficulty restraining her emotion. "She's going to die?"

"Yes, I'm afraid so."

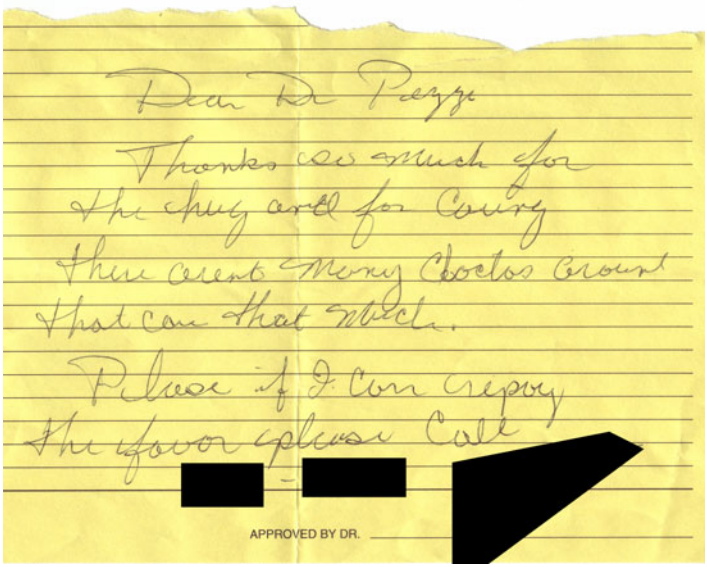
"When?"

"It's difficult to say. Perhaps in a few months. But if she were to develop some other complication, like pneumonia, then she could die at any time."

Kari took a step forward and began hugging me. Just part of my job, I thought, consoling distraught relatives. Kari seemed to be in no great hurry to end the hug. After a few minutes I began to feel a bit uneasy after a couple of nurses had passed us—for the second time—in the hallway, and they'd given me a "you're *still* doing that?" sort of look. Then, without warning, Kari turned around and walked out of the ER, without bothering to say good-bye to her grandmother. Must be really upset, I supposed. I went back to work.

An hour or two later, Kari returned, looking better. *Much* better. Earlier, I hadn't given much thought to her appearance. She was cute but somewhat disheveled, and the frumpy clothes that she'd worn earlier did not do much to accentuate her looks. Exactly how one might expect someone to look when they were accompanying a critically ill relative to the hospital. But now—*wow!* Hair nicely curled, makeup on, contact lenses instead of glasses, a tight-fitting, short skirt that demonstrated her impressive body and luscious legs. Why the sudden change in her appearance, I wondered?

Without saying a word, she shoved a note into my hand. It seemed like the thing to do, so I read it.



I was touched by how sweet she was for writing this kind note, and obviously going out of her way to give it to me after her late-night makeover and the driving that necessitated. At the time, I did not notice that the note was written on hospital stationary. I was too discombobulated by this experience, which wasn't over yet. She took my hand and warmly said, "I will do anything for you."

I looked up, and she was looking into my eyes. "*Anything*," she stressed.

I didn't say a word, and for the life of me I cannot remember exactly how our conversation ended, although I do recall watching her walk away and being amazed by her body and how much of it was now showing. Not in a trashy sort of way, but to a degree that left me with an indelible impression that she was hot and wanted to demonstrate that to me. I am slow to decipher most clues that women send my way during those rare times when that happened, but even I read her message loud and clear.

Did I call her? I had her name, phone number, and a darned good excuse to call. Oh, I was tempted, but back then I had an unrealistically restrictive conception of what was ethically verboten in terms of interacting with relatives of patients. Furthermore, my testosterone level plummets at the beginning of every shift in the ER, and does not recover until a day after I have seen my last patient—or relative of a patient. As immiscible as oil in water. Thus, even though my brain recognized the GO signal, my body never got the message. This once-in-a-lifetime opportunity just seemed to deposit itself in a memory bank, and then I went on with my life fully cognizant of it but acting as if it had never happened. And you wonder why I am not married?

So I didn't call, *then*.

Having an opportunity like this: priceless. Passing it up: stupid.

I might say more in a future edition of this book. Unless you recently downloaded *Love & Lust in the ER*, you might want to check for an updated edition. You can also sign up to be notified if I release a new edition of this book or another book.

As his hand caressed her silky brown hair, she closed her eyes and pursed her lips, quickly moistening them by a flick of her tongue. He wrapped his arms around her, and they passionately kissed. When his left hand brushed across her breast, she moaned and reflexively arched her back.

A scene out of a romance novel? Nope. This woman was a patient in the ER, and the man was her stepfather. Yes, *stepfather.* She was a frequent patient in the ER, and he was invariably at her side. Her mother—his wife—was never around. Some of the ER staff speculated that she was stuffed into a freezer years ago, so as to not interfere with their apparent romance. On prior visits, I'd seen them holding hands and talking baby talk, and him stroking her hair, hour after hour. Unusual, but no proof beyond a reasonable doubt that they were sexually involved. However, after this display, I began to give some credence to the conjecture about the freezer.

Some readers may think that their relationship is none of my business. True, she was over the age of 18, but not by much. While everyone is entitled to privacy at home, I think that public behavior is fair game for analysis. Especially in an ER, where patient behavior is often an invaluable diagnostic clue.

Since this woman presented with abdominal pain, I ran an appropriate series of diagnostic tests. All but one came back negative. As I discussed the results of the tests with the patient, she smiled. The stepfather seemed startled for a second, and then exclaimed, "We're going to have a baby!"

"*We're*?" I wondered. Not wanting to pass up such an opportunity, I said, "I bet you can't wait to tell your Mom."

A few seconds of silence. She glanced at him, and he glanced at me. Angrily. I'd touched a raw nerve, no doubt. "Uh, my Mom left us a few years ago. She, um . . . she ran away."

To me, the "uh" and "um" spoke volumes.

I know that it isn't my job as a doctor to judge people, but hey, I'm human. Their behavior was so glaringly out of the norm that it was bound to draw attention and provoke suspicion. Besides, everyone in the ER thought that patient was a crock, and the overly solicitous behavior of her stepfather was closer to foreplay than it was to the normal ministering that a normal stepfather might do for a normal stepdaughter. I have seen lots of behavior in the ER that I thought was weird, but this duo regularly did things that grated against my sense of propriety in a way that nothing else did.

Others were equally repelled by their antics. Nurses who witnessed those two carrying on would often grimace in disgust, shake their heads from side to side, or say things like, "Eeewwwww, creepy!" Or all three.

While examining a patient of the opposite sex who is extremely attractive, even an experienced physician can become a bit flustered. For students who must simultaneously deal with the anxieties of being a student and being watched by your instructor while you're examining such a patient . . . well, it's easy to become unhinged.

Kristen was a student nurse I'd seen a few times in the ER over the past couple of years after she'd experienced fluttering of her heart, and she was in the ER today with the same complaint. Kristen was so attractive that almost everyone who saw her—man or woman—would do a double-take. Consequently, I felt somewhat sorry for Brian, the student who was examining Kristen. Brian was always visibly nervous, and he was now rapidly approaching meltdown. After listening to the back of her lungs with his stethoscope, he asked me, "Do I have to listen to her heart?"

I thought to myself, *have to?* Gee, most men would go through the agony of medical school just for such an opportunity. "Yes," I answered. Given the nature of her complaint, a cardiac exam was imperative. Brian knew that, of course, but his shyness had his brain virtually paralyzed in the face of such beauty.

I stared at Brian for several seconds, wondering what on earth he was doing. "Brian," I said, "it would help if you put the earpieces of your stethoscope in your *ears*."

As I sutured a cut on Wendy's finger, I gradually became aware of a vaguely familiar sound emanating from a nearby room. My recognition of this sound was delayed by the fact that I had never heard it in an ER

before, but that rhythmic cadence was unmistakable. As the sound grew louder, Wendy gave me an *is that what I think it is?* sort of look as she motioned with her head in the direction of the sound.

One of the ER nurses, Jan, had apparently also heard the sound. As she walked by, I asked her, “Is everything OK in there?”

“More than OK,” she replied. “That couple was at home when her fingernail accidentally scratched his cornea during a moment of passion. They evidently couldn’t wait to get home to resume their activity.”

“It must not be too bad of a scratch,” I said. “I’ll be through suturing in a few minutes, and then I’ll take a look at it.”

As Jan walked away and I resumed suturing, Wendy began to giggle, and then bit her lip. “Now I’ve seen everything!” she exclaimed. “Does this happen very often in the ER?”

“No. Until now, I wouldn’t have guessed that anyone would be brazen enough to do it, but I was wrong.”

“Do you think they will be embarrassed when you go in there to check his eye?”

“I doubt it,” I answered. “Anyone who would do that in an ER apparently has their own standards of acceptable behavior. Plus, they’re probably drunk.”

After I’d finished suturing I walked over to see the man with the scratched eye. Wendy followed, giving me a wink. I knew she wanted to time it just right so that she would be walking by as I opened the curtain. I thought, why not? Privacy was obviously not a concern to that couple. As I pulled the curtain back, Wendy exclaimed, “*Stacy!*” and Stacy exclaimed, “*Wendy!*”

I asked, “Do you two know one another?”

Wendy answered, “Yeah, she’s in my college algebra class.”

A few years later, we had another incident in which two patients had sex in the ER. The staff had been busy working on several victims of a high-speed automobile collision, and chaperoning the psychiatric patients was the least of our priorities. It was our policy not to lock up patients unless they were threatening to kill themselves or someone else, or if they were so far off their rocker that they might walk out of the ER and get flattened by a truck.

As we left the Trauma Room, we hear moaning and found the couple looking as if they were about to reach orgasm.

"*Stop it!*" one of the nurses commanded.

Predictably, this had no effect. "I think they've reached the point of no return," I said with resignation. After ten seconds of noticeably louder grunts, they became silent.

"*What* were you doing?" the nurse asked in a pointless effort to shame them.

The man explained that they had met during his last admission and fallen in love. He claimed that they were engaged, but they hadn't seen one another in the three months since that admission. Coincidentally, both patients happened to come to the ER that night at almost the same time.

Most normal people would find it hard to believe that adults could be so lacking in self-control. However, patients with certain psychiatric diseases can develop hypersexuality as a manifestation of their illness; I first witnessed it as an incredulous third-year medical student during my psychiatry rotation. Hypersexuality may also occur in people who abuse amphetamines, or in some high-ranking politicians.

A 24-year-old woman came to the ER complaining of abdominal pain, accompanied by her mother. During the course of taking her history, I routinely inquired if she were having sex. She paused briefly, gave me a funny look, and then said, "No."

After her Mom stepped out of the room so that I could do the examination, the patient told me, "Doctor, I am having sex. I just didn't want to say anything in front of my Mom. She'd kill me if she found out."

"Why? You're an adult," I said.

"Yeah, but I'm sleeping with my Mom's boyfriend."

After I began working in the ER, I quickly learned that emergency physicians are the doctors of last resort for some people. That is, if a person knew they needed to see a certain specialist but couldn't afford his services, the person would instead go to the ER. I've been called upon to be a step-in dentist, pharmacist, podiatrist, internist, psychiatrist, surgeon, pediatrician, obstetrician, plastic surgeon, gynecologist,

neurologist, dermatologist, ophthalmologist, proctologist, and you-name-it-ologist. As long as the patient's problem wasn't wacky, I was happy to help them. I figured it was part of my job.

Perhaps we did too much in the ER, giving us a reputation for being a place for one-stop shopping, sort of like a medical Wal-Mart. Consequently, I was not easily surprised when patients presented with non-emergencies. On occasion, however, they would surprise me.

I found myself staring at an advertisement the patient had ripped out of the back of a men's magazine. Cleverly crafted, the ad depicted two side-by-side cylinders, one of which was noticeably larger. The urologist who placed this penile enlargement ad no doubt wished to convey the impression that his surgery could transform a minor-league member into something a man could proudly display in the gym shower or while auditioning for a lead role in a pornographic film.

"Can you do the surgery?" the patient asked in earnest.

There hadn't been much of a demand for penile enlargement surgery in the ER. "No, I've never done it before," I answered.

"But *can* you do it?" he pleaded.

"I know how it is performed, but . . ."

"Well, will you do it on me?"

"It would be better for you to see a urologist about that," I said.

"A urologist? A *urologist*? You know how much they charge for this surgery?"

"No." When he told me, I suddenly wished I'd gone into urology instead of emergency medicine.

"I can't afford their fee, but I need it done. *Please*."

I can see it now. A nurse calls out for me, "Doctor, we have a patient here with a gunshot wound to the chest and no pulse," and I'd respond, "I'm sorry, I can't help him just yet. I'm in the middle of a penile enlargement operation."

I refused, but my refusal wasn't based entirely on money or the priorities of an emergency room. While this event occurred a few years before penile enlargement surgery was getting a real black eye in the press, reports were already beginning to trickle in that this surgery often gave men a lumpy, dysfunctional penis. In fact, I heard that a famous Hollywood producer had killed himself after his penile enlargement surgery was botched.

I explained the drawbacks of the surgery to the patient. Although clearly disappointed, he said he understood.

“How about giving me some drug to make it bigger?” he asked.

I thought, sort of like a *Miracle Grow for Men*? Maybe some day, but not now. I said, “There isn’t anything I can give you which will do that.”

“But I’ve heard that certain drugs can enlarge women’s breasts.”

I was impressed by his research. “You’re correct. However, that effect doesn’t translate into the stimulation of penile growth.”

“Why not?”

“The penis is not the male counterpart of female breasts. It’s different tissue, and it doesn’t respond in the same way as would breast tissue.”

“So what can I do? How about a peter pump?”

A brief explanation for the uninitiated. A peter pump is a colloquial term for a vacuum chamber into which the penis is inserted. The vacuum draws in more blood and tissue fluid, thus enlarging the penis.

“It will work, at least temporarily. However, it might be risky, especially if you apply too much of a vacuum, or if you leave it on too long.”

“Anything else I can try, Doc?”

I’d heard of the remarkable success achieved in this regard by men in the Caramoja tribe of northern Uganda, but I felt it would be unseemly to pass along such a tip. Thankfully, the overhead speaker interrupted us, “Dr. Pezzi to the radio room, stat!” I was glad to get back to the real ER, but I’d enjoyed my brief stint as a urological consultant.

Update: This case occurred years before I discovered various ways to enlarge the penis that produce better (and quicker) results than what men can obtain from using peter pumps. I described these techniques in *The Science of Sex* (www.sexualtips.net) and *Advanced Enlargement* (www.sexualtips.net/ae.htm).

“Doc, you’ve got to help me.”

“That’s what I’m here for,” I said. “What can I do for you?”

“I met this really nice woman at the supermarket, and we’ve got a date tonight.”

“Sounds great. What’s the problem?”

“I need a little help.”

Somehow, I doubted that this 56-year-old man had come to the ER for the sort of advice one might give a naive young virgin on his wedding night. It seems those days are gone, and even young boys—perhaps having been coached by someone like Teacher of the Year Mary Kay LeTourneau—are now proficient in the mechanics of sex. “What sort of help?” I asked.

“Getting it up,” he responded.

“Have you seen a urologist or your own physician?” I inquired. Men bothered by impotence are typically not treated in the ER, but are instead referred to a urologist or their family doctor.

“I tried to get an appointment with Dr. Smith, but he’s booked until June. And my family doctor is at some sort of conference in California.”

Hmm . . . it figures, I thought. “Well, what makes you think you’re going to have sex tonight?” I was looking for an easy way out.

“After our first two dates, I’m almost positive that tonight is the night,” he excitedly said.

Hmm . . . that also figures, I thought. Statistically speaking, a couple begins having sex after their third date, on average.

Being an ER doctor, I could have simply told him that this was no emergency, and said, “Sorry, can’t help you!” But this fellow had cancer, and his doctor had given him no more than six months to live. In such a situation, every day is precious, and I guess every night would be, too. So I agreed to help him.

This event took place before the days of Viagra®, so my armamentarium was limited to Yohimex® (yohimbine). In my opinion, Yohimex® is a drug that never received due credit. It has been around for years, but its utility seems to have been underrated by everyone except male porno actors, who are reportedly great fans of the stuff. One of the misconceptions about Yohimex® that may have limited its popularity is that it must be taken every day for it to work. While that may be true to achieve an optimal effect, rather impressive results can occur after a couple of tablets. So I gave him a prescription for it.

He called me later on that week. It worked. He was happy, he said, and so was his girlfriend.

While speaking with a man and his wife at the nursing station, an obese woman walked by with greasy, unkempt hair and filthy clothes. The man looked at his wife and said, “If you ever look like that, I’ll kill you.”

I initially thought he was kidding, but he wasn’t smiling, and neither was his wife.

After I finished examining the genitalia of a 25-year-old man, he said, “Are you going to check my sister, too?”

I asked, “Why would I need to do that?”

“This stuff can spread, can’t it?”

“Only through sexual contact,” I answered.

“You’d better check her then. We’ve been having sex.”

Indeed they were. Roger and Debbie were libidinous siblings who, from their unabashed confessions, simply preferred each other as sexual partners. They told me they had done their share of sexual exploration with other people, but neither found a partner who could give them more sexual satisfaction than what they could get at home. Consequently, why waste time with dating? It’s like a farmer driving 40 miles to eat a greasy hamburger at a diner when he could have stayed at home and had a fresh, juicy steak. Incidentally, that analogy was furnished to me by Roger, who had apparently spent some time pondering this matter.

After Roger and Debbie departed for their love nest, the nurse asked, “Do you think it is really true what Ken and Barbie are saying about how it’s so much better with each other?”

She did not need to explain herself. I knew she was referring to them as Ken and Barbie because of their striking good looks. “I’m certainly not going to condone incest, but there is an element of truth in what he said.”

“What’s that?” she asked.

“That there is an enormous variation in the sexual pleasure that different people can give to their partners,” I said.

“Oh, sure, there is *some* variation, but isn’t it all pretty much the same?”

I hesitated before answering, but then I thought, “Ah, heck, we’re all medical personnel, aren’t we?” I answered, “That’s what I used to think, too.”

“Well, what changed your mind?”

“The second I entered a new girlfriend. Even though I was wearing a condom, it was about ten times as pleasurable as other women even *without* a condom. Each stroke with her felt better than orgasm with the others.”

She looked spellbound. “Are you serious? That couldn’t possibly be true, could it?”

“Let me put it this way: I was more surprised than I would have been by meeting a man from Mars. Until that first night with her, I had no idea that sex could be so pleasurable—especially with a condom on.”

“Maybe it was the condom. Did you think of that?”

“It wasn’t the condom. When I took it off, it was considerably better.”

“So why didn’t you marry her?”

“If sex were the only reason to get married, I’m sure I would have married her.”

“What was the problem, then? Was she dumb? Was she a bitch?”

“She was a nurse, so she wasn’t dumb. And she was sweet and affectionate, too.”

“Are you crazy, Pezzi? So why didn’t you get hitched?”

“She had a habit that really bothered me.”

“What was that?”

“She was almost always either tired, asleep, or falling asleep. We went on a trip one time. As I was marveling at the beautiful scenery, she was snoring away—at 11 in the morning.”

“Maybe she didn’t get enough sleep the prior night?” she suggested.

“How can 10 hours of sleep not be enough? The whole point of having a relationship with someone is to interact with that person. However, half the time I spoke to her, she was asleep.”

“Perhaps she had a medical problem.”

“I considered that. I suggested that she see someone about it, but she adamantly denied there was anything wrong with her. It wasn’t so much

that she had this sleep problem, but that she refused to do anything about it."

"But if the sex was as good as you said it was, couldn't you overlook her faults?"

"I wish I could, but no."

In *The Science of Sex* (www.sexualtips.net), I discuss numerous factors that explain why vaginas can feel remarkably different, and what women can do to improve their *sensate qualities* (that is, how their vaginas feel to men during intercourse). Most people know about two of them (tightness and lubrication), but that is just the tip of the iceberg.

In the United States, it is currently acceptable to discuss penis size in magazines and books. It can even be indirectly mentioned on television, as long as it is accompanied by giggling or other manifestations of immature uneasiness that are added to placate the censors and regulatory agencies.

While Americans readily acknowledge that all penises are not created equal, they are loath to discuss vaginal variation in anything but the simplest terms. Much of this reluctance probably stems from the fact that most people (even doctors, I'm afraid) have a very foggy notion of why some vaginas are so much better than others are. However, I think part of the resistance to discussing vaginal sensate quality variation is due to an inexplicable perception that vaginas are somehow naughtier than penises. Thus, it is common to hear references to penis size or performance; how many ads for Viagra®, Cialis®, or Levitra® have you seen or heard—thousands? Yet when was the last time you saw a full-page magazine ad or a television commercial mention vaginal size or performance? Umm, never?

This is especially ironic to me because while penis size can be increased (as I explain in *The Science of Sex* and *Advanced Enlargement* (www.sexualtips.net/ae.htm), far more can be done to improve the vagina. It is unfortunate that more women do not avail themselves of this knowledge, because sexual pleasure is the primary "glue" that binds men and women together. More pleasure = stronger glue. Disappointing pleasure = weaker glue = men more likely to cheat on his wife and leave his family. Thus, people who value stable families should welcome all knowledge that strengthens the bond between a man and his wife.

When I was a child, my Mom told me that the way to a man's heart was through his stomach. Now that Americans eat so many prepackaged, heat-'n'-eat meals at home or in restaurants, what's a man to fall in love with? A processed food company that gives him so many tasty meals? Or his favorite diner? Obviously not, so if food is now a relatively less

important factor in winning a man's affection, guess what is relatively more important? Sex.

As I examined a woman who presented to the ER for a condom extraction (a surprisingly common reason, by the way), she commented, "My boyfriend is always losing condoms inside me. I can usually pull them out, but I couldn't reach this one."

"If this occurs, it's usually an indication that a smaller condom is needed," I said.

"I don't think that's the problem," she replied. "His penis is at least average size, and the condom seems to fit snugly."

"Does he put any lubrication inside the condom? That could make it slip off."

"No, no lubrication."

"How often does this happen?" I asked.

"Virtually every time, except it never seems to happen around the middle of my cycle. I can't figure it out."

"I can," I answered.

"You can? What's causing it?" she inquired.

"During the times in which the condom slips off, does he put his hand down around his penis?"

"Hmmm, now that you mention it, I think he does."

"The oldest trick in the book," I replied.

"What's that?" she asked.

I explained, "Girlfriend makes you wear a condom, you don't like it, so you push it off during intercourse. Happens all the time."

"But why doesn't it happen mid-cycle?"

"I'm sure he knows that's the time you're most likely to become pregnant, so he keeps the condom on at those times."

"Wow, now it all makes sense. You should have been a detective."

After the exam, the nurse who was assisting me took me aside and asked, “I have a similar problem with my boyfriend. He doesn’t remove his condom, but he *hates* wearing it, and I’m tired of hearing him complain about it. Isn’t there something we can do?”

“Sure. Use a tip condom.”

“What’s that?” she asked.

“A condom that covers only the tip of the penis.”

“I’ve never seen them in stores. Where can you buy them?”

“I don’t know of anyone who sells them, but it is easy to make them,” I answered.

I explained the procedure to her, and then added, “As long as both partners have no sexually transmitted diseases, the only reason for using a condom is to prevent pregnancy. The tip condom does this just as well as a standard condom.”

I described this topic in more detail in *The Science of Sex*, available from www.sexualtips.net.

A young woman was in the ER after being involved in a car accident. Sensing that I was going to ask her about the alcohol on her breath, she decided to address this matter forthrightly. “You think I’m an alcoholic, don’t you?”

“I don’t know,” I said. “Are you?”

“I don’t think so. I don’t drink for the usual reason.”

Hmm, I didn’t know there was a *usual* reason; I thought there were *many* reasons. “Why do you drink?” I asked.

“So that I can have multiple orgasms. Without alcohol, sex is just so-so. But with it? Oh my God, it’s great! It’s so much more intense. I only drink before I go out with my boyfriend, so I don’t think I’m a boozer. It’s not because I have any hang-ups about sex, either. I’m not at all inhibited, so it’s not as if I’m drinking to reduce my inhibitions. I’m just after the pleasure. I don’t know why alcohol does this to me, but it does. I wish that I could get the same effect without drinking, but I can’t.”

I knew many things that can increase libido, sexual pleasure, and orgasmic ability, so I told her about some of them. (If you’re curious what they are, I described them in *The Science of Sex*; see

www.sexualtips.net). Counseling a patient on how she could increase her sexual pleasure is ordinarily something I wouldn't do in the ER, but in this case I thought it might curb her drinking, and hence her chance of a future accident.

One of the things ERs are noted for is a lack of privacy. In many emergency rooms, including this one, the "rooms" are separated only by curtains. Not exactly an effective noise barrier. A 50-ish woman in the adjacent room raised her voice and said, "I wish I would have heard this 30 years ago!"

Patients sometimes ask me questions of a sexual nature, and I typically take these queries in stride. One patient, though, caught me totally off guard and left me temporarily nonplussed.

Jane was a meek, even mousy, middle-aged woman who dressed very conservatively and looked like a prototypical Sunday school teacher. She seemed to me to be totally asexual, judging from her appearance and demeanor. She'd come to the ER because of a urinary tract infection, and I covered the usual topics in discussing this with her: drink cranberry juice, plenty of water, and so forth. "Can I still use my vibrator?" she asked.

I broke out into a sweat. I'd never had a patient get to me like this before, but she had struck a nerve in me and I suddenly saw her as a living, breathing *person* rather than a patient. What rattled me was that my earlier conception of her was not meshing very well with reality. "It depends. What kind of vibrator are you referring to?"

"The kind I stick inside me and rub around my clitoris," she answered matter-of-factly.

Of course, I thought. Why did I even ask? "You may, but just be sure to urinate afterwards." That may or may not have been necessary depending on her routine with the vibrator, but I wasn't in a mood to learn more details of her sex life.

"Does it matter how big it is?" she asked.

More beads of sweat popped out on my now-glistening forehead. "Probably not," I responded.

"I hope you don't think I'm a pervert for using it, but I've never had sex with a man, and I probably never will. Men aren't attracted to me, but that doesn't mean I don't have urges and desires. I've been told that I look

very Puritanical, but I'm not. Do you want to know what my fantasies are?"

"Not really," I said as I exited the door of her room.

And so ended my most awkward patient encounter of all time. It still embarrasses me to this day—not what she said, but my inept way of responding to it. I've had patients say far more shocking things to me which I've handled with aplomb, so I shouldn't have been so flustered by her. After speaking with a patient who enjoyed getting drunk and giving her dog a blowjob, speaking with a lady who had a vibrator and a few fantasies should have been no big deal.

In retrospect, I think my awkward reaction stemmed from the fact that her appearance and otherwise low-key demeanor (I'd seen her before in the ER for some minor, unrelated problem) were so incongruous with her appearance. I know that I was guilty of having a stereotypical preconception of how she should act based on how she dressed, but in my defense, extremes of dress usually *are* associated with predictable behavioral patterns. Take a woman dressed in a conservative business suit, or one dressed like a hooker on Woodward Avenue in Detroit. With occasional exceptions (some of which are described in this book), women who dress like hookers are much more likely to *be* hookers or *act like* hookers than women who dress like corporate CEOs. Or, if you do not believe me, research this subject yourself. You will find that people routinely prejudge others based on their appearance and dress. When behavior does not conform to one's expectations, it is natural to be surprised. And I was!

A group of inebriated college co-eds accompanied one of their friends to the ER after she cut her hand at a party. It has been my experience that people become more zany when they're in a group, especially when they've been primed by the social lubricant, alcohol. This group was no exception.

"Is it true what they say about a man's hands?" one of them inquired, followed by a round of nervous giggling from her friends.

I decided to play innocent. "I don't know. What do they say about a man's hands?"

"You know. That their size is an indication of the size of his . . . of his . . ."

"His *thing*!" another chimed in. More giggling.

I thought to myself, just think of all the fun and hijinks I would be missing if I'd gone into one of the dry specialties, like dermatology.

As I walked into the patient's room, I noticed he was trying to making himself vomit.

"Oh, hi, Doc," he said after extracting his finger from his mouth.

"Not feeling very well?" I said.

"I'm trying to make myself puke."

I'd noticed. "Why are you doing that?"

"Because I ate something that's really gross," he explained.

"What's that?"

"Last night I had sex with my girlfriend for the first time. Before we did it, I went down on her. The smell kind of gagged me, but I did it anyway 'cause I was so horny. I got up before she did this morning, and I wanted to tidy up the place before she awoke. I picked up her underwear, which had been lying in front of the fireplace, and noticed that there was shit smeared all inside it. Not just a brown stain, either—hey, I've done that before, and this was no stain. It was like she took a huge dump and squished it all over. No wonder why it smelled the way it did. Now I'm wondering if I'll catch some disease, since I must have eaten some of her poop. She told me she had eaten lunch yesterday at a Mexican restaurant. Maybe that's why she did it. You think I'm going to be OK?"

I explained that while some diseases can be spread by the fecal-oral route, he would most likely not contract any of them.

Another man told me a somewhat similar tale, except it had a different ending. Although he was feeling as if he may be coming down with the flu, his girlfriend was begging for oral sex, so he obliged her. She didn't have any obvious hygiene problems, but her smell was not as appealing as it usually was. In fact, he said, it was downright rank. A sudden wave of intense nausea overcame him, and he vomited all over her abdomen. Their relationship was a bit chilly for a while, but she eventually forgave him and they were married.

A police officer brought a driver to the ER to obtain a blood sample after he detected the odor of alcohol on his breath. I would not examine such people unless there was a medical indication, but this fellow called out to me as I was passing by his room. Initially, he was worried about how much alcohol it took to exceed the legal limit of intoxication in this state. After I explained this, he seemed relieved and thanked me. “I suppose I shouldn’t have drank that shot of whiskey, but my nerves were frazzled.”

Curious, I asked why.

“It’s a long story. Do you have a few minutes?”

The ER was slow at that time. “Sure. Go ahead.”

“I met this Russian girl through the personals section in the newspaper. The first time we spoke I told her to forget it because her English was so poor. She’d only been in the United States for a couple of months, and communicating even simple sentences took a good five or ten minutes before she would understand. A real pain. Anyway, she called me the next week, and I told her again to forget it. A week later she phoned once more, and I hung up on her. I thought, can’t she take a hint? Two weeks passed, and she called me. I was feeling guilty about hanging up on her, so I was more patient this time. She wanted to come over to my place, so I said yes. I shouldn’t have agreed, because I had a date later on that night with someone else. I figured we’d just visit for a couple of hours, then I’d leave to go on my other date. You still with me, Doc?”

“I’m all ears. Go on.”

“She doesn’t know how to drive, so she said her sister would bring her out. She lives with her sister about an hour and a half from my place, so I figured the sister would just stick around and then take her home. When I opened the door and said “hi” I panicked because I saw her sister driving away. I asked her where her sister was going, and she said she assumed her sister was going home. Shit, I thought, even if she turns around the second she gets home and comes back here, I’ll still be an hour late for my other date. I panicked.”

“What then?” I asked.

“We came in my house and I started brainstorming about what to do. She called her sister’s husband and asked him to have her call as soon as she arrived. He said he wasn’t expecting her for some time, because she told him she was going to the mall after dropping her off and he didn’t know when she’d be back. That’s just great, I thought. I offered to drop her off at a nice restaurant and pay for her meal while she waited

for her sister to return, but she told me she didn't like to eat alone. Shit, just my luck! Then I asked if I could take her to a library. She said she didn't like libraries. I thought about that for a second, and then I wondered why I had even asked her that in the first place. I asked if she had any other friends who could pick her up, but she said no. She then admitted that she was planning to stay with me for a few weeks, to see if things would work out between us. A few *weeks*? Why the heck didn't she tell me that before she came over? Then I really panicked. She suggested going to stay with my neighbors. My *neighbors*? Oh, wouldn't that make for a juicy scandal? No way, I told her. Then I had a brainstorm!"

"What was that?" I asked.

"Call a cab and have him take her home. I could find only one service that would take her that far, and it cost me a small fortune, but I couldn't think of any other way out of this mess, so I agreed. They said the cab would be there in an hour or so. Whew! Just in time so I wouldn't be too late for the other date. After this was settled, I calmed down. Before that, I was frantic. Now we had an ordinary conversation, or about as ordinary of a conversation as you can have with someone who has been speaking English for just a few months. We did a bit of hugging, and then I noticed something I hadn't noticed before, probably because I was so focused on how I was going to get her home."

"What did you notice?"

"She was well-endowed. I have no idea of why I said this, because I've never been so forward before, but I asked her if I could see her boobs. She didn't even flinch. The next thing I know, she's taken off her dress *and* her bra. I couldn't believe she did that, and I couldn't believe how big they were. Huge! Never seen anything like them before, and she was so tiny otherwise. The effect of such a large chest on such a small body captured my attention, and I began playing with her boobs. I considered getting in my hot tub, but I didn't want to be in there when the cab came to pick her up. So we made out on my floor until the doorbell rang, she put her dress on, and I walked her out to the cab. I thought about telling the cabbie to forget it, but I paid him and that was that. My nerves were shot, so I took a slug of whiskey before I left. Next thing I know I see the cop's lights flashing in my mirror. Shit, I should have kept on playing with her boobs."

I was interviewing a middle-aged woman who passed out in a store:

Dr. Pezzi: Was this the first time in your life that you fainted?

Patient: Yes and no. I've never fainted before, and I didn't faint today, either.

Dr. Pezzi: But you were taken here because you passed out.

Patient: No I didn't. I just pretended to pass out.

Dr. Pezzi (puzzled)**:** Why would you do that?

Patient: I'm lonely. I haven't been touched by a man in years. I have a crush on the salesman I passed out in front of, and I was hoping he would touch me. He did, and it was great. The hardest part was to keep on pretending that I was unconscious. I just wanted to grab him. Realistically, I know he'd never go for me. He's gorgeous, and I'm not. Heck, I couldn't even seduce the kid who mows my lawn. I thought that teenage boys were so horny they'd go for anything. I bet you think I'm pathetic, don't you?

Dr. Pezzi: No, I think it's sad that you have such low self-esteem. I'm going to refer you to a psychiatrist.

Patient: I don't need a psychiatrist, I need a *man*. I just want someone to hold me, to kiss me, to make love to me. What is so abnormal about that?

Dr. Pezzi: Nothing at all. What concerns me is the desperate ploy that you conceived in order to get attention from a man.

Patient: If you hadn't had a date in ten years, you'd be desperate, too.

The patient then mentioned that she had been having pelvic pain and requested that I examine her. This made me somewhat uncomfortable because I didn't know if this was a legitimate complaint or just another scheme for getting a man to touch her. She confirmed my suspicion when she asked if I would do the exam without wearing gloves.

Chelsea presented to the ER complaining of lower abdominal pain. As a routine part of the medical history, I asked whether or not she was sexually active. She looked a bit embarrassed, then replied, "No, I don't have a *lot* of sex—just a couple of times per week."

The way medical personnel use the term "sexually active" is not the same way that phrase is misconstrued by many patients. One of the more common misconceptions is when patients become indignant after they mistakenly assume it translates to, "So, do you sleep around a lot?" In reality, someone who is sexually active is someone who has recently

had sex (although there is no clear agreement on what "recently" means). Other patients misconstrue *sexually active* to mean, "Are you the one who gets on top and does all the thrusting?"

People from other cultures sometimes possess beliefs that are, well, unbelievable. To illustrate this, accompany me as I step back in time and ask a pregnant lady what I thought was a very simple question.

Dr. Pezzi: Who is the father?

Patient: Which father?

Dr. Pezzi: The baby's father.

Patient: The baby has many fathers.

Dr. Pezzi: (puzzled) No, I don't mean godfathers or relatives or concerned friends. Who is the *biological* father of your baby? Who got you pregnant?

Patient: As I told you, Doctor, the baby has many fathers.

Dr. Pezzi: A child can have only one father.

Patient: (laughs) Where did you get that idea from?

Dr. Pezzi: Medical school. It's a fact.

Patient: You American doctors have such funny ideas. Babies can have many fathers.

As difficult as it may be to believe, some people around the world truly think that a child can have more than one father. That is, if a woman has intercourse with four other men after she becomes pregnant, the baby will be a genetic hybrid of the five fathers. Don't choke on your blueberry muffin just yet, 'cause it gets even stranger. Some women believe that genes can be incorporated into the fetus right up to the time of birth. So if a woman was at the bazaar and noticed a man with beautiful eyes, she might seduce him so that her baby born the next day would have his eyes.

This intriguing but erroneous concept is termed *partible paternity* by Western scientists. Perhaps conveniently, and perhaps out of need, cultures that believe in partible paternity are very accepting of extramarital sex. So if your well-read 17-year-old son suddenly changes his planned destination for Spring Break, you might want to probe further.

A patient called the ER to inquire about the result of a test that was performed at her last visit.

Nurse: What test was it?

Patient: A pregnancy test.

Nurse: When were you in the ER to have it done?

Patient: About six months ago.

Nurse: And you don't know *by now* if you're pregnant or not?

Patient: I don't think so, but I thought it might be a real small baby or something.

Go ahead and laugh, but this is not as ludicrous as it may sound. I've seen women at the end of their pregnancies whose abdomens were far less protuberant than many chubby teenagers I see in malls exposing their midriffs because they evidently think what they're showing is too hot to cover up. Furthermore, for some women, skipping cycles is so common that this is not a reliable sign of pregnancy.

I have even seen doctors fooled by this. For example, one young lady came to the ER complaining of abdominal pain. She had seen her doctor earlier in the day, and he could not determine the cause of her problem, so he prescribed Tylenol® and sent her home. The Tylenol didn't help, so she came to the ER later in the day. After treating the patient, I called the physician to let him know what I'd discovered.

Family doctor (FD): Well, what did you find, Kev?

Pezzi: A 7½-pound baby boy. She was pregnant.

FD: She was *pregnant?!?*

Pezzi: Yup.

FD: Wow . . . .

One of the ICU nurses was moonlighting in the ER, and we were sitting around waiting for a pizza I'd ordered. "You wouldn't believe what happened yesterday in the ICU," she said.

“What’s that?” I asked.

“We have a 19-year-old patient in a coma, and his girlfriend was visiting. She seemed kind of ditsy, but nice. Anyway, I walked in his room last night and she was masturbating him, so I told her to stop it. She told me that the doctor had suggested it, but I told her that she must have been mistaken. She said, ‘The doctor said that stimulation might help him, so I’m stimulating him.’”

For reasons that are not clear to me, women who are strippers (or “professional dancers,” as they prefer to call themselves) seem compelled to inform me of their occupation within the first ten seconds of my meeting them in the ER. Thrusting out their right hand (and sometimes other parts of their anatomy), their introductions have an eerie similarity, as if this skill were taught to them in stripping school. “Hi! I'm Veronica! I'm a professional dancer . . .”

End of the intro, and long pause. Perhaps they're waiting for me to say something, but I'm not bright enough to figure out what it is they are looking for. Adulation? Sorrow? A request for an autograph, maybe? I dunno.

It's not that I dislike strippers. If anything, their candid bluntness is a pleasing departure from the all-too-frequent exchange of bullshit that often blocks effective communication between the patient and the ER doctor. Most strippers know that they're willingly debasing themselves by engaging in humiliating work, but they are at a loss to find a more respectable job that pays equally well. In that respect, they're like ER doctors.

When I read the triage note[8] on Diane, I speculated, “I bet it's LGV.” A nurse who was standing beside me at the nursing station inquired, “What's LGV?”[9]

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[8] This is the note written by the triage nurse, who is generally the first professional you encounter after walking into the ER. The note summarizes your complaints, and sometimes includes relevant positive and negative responses elicited by the nurse in the pursuit of their primary job: to figure out which patients need to be seen immediately, and which can wait. In general, nurses do an excellent job in separating the wheat from the chaff.

[9] LGV (lymphogranuloma venereum) is a sexually transmitted disease caused by a certain germ (*Chlamydia trachomatis*), which results in enlargement of the

“*This* is LGV,” I immediately recognized as I entered the patient's cubicle. Diane didn't bother to don the gown, much to my eternal gratitude. She was obviously comfortable being naked—an occupational benefit, perhaps. While the physiques of most strippers often left me wondering why men would pay to see them, Diane's beauty left me stunned. But it's not polite to stare, so I went right on with the questioning. The mystery wasn't *what* she had, but *how* she'd acquired it. She said that she wasn't having sex. Ordinarily, since LGV is a sexually transmitted disease (STD), I'd question her veracity. Furthermore, I guessed that she must have had dozens of men chasing after her. The fact that she wasn't having sex may seem implausible, but I believed her. By denying it, what would she be trying to protect—her reputation? Obviously, she was quite comfortable with herself and her chosen occupation. Fibbing about her sexual life seemed to be a non sequitur.

A few minutes into the questioning, she said that she and several other strippers had shared a G-string the month before. One person took it off, and another immediately put it on. Gee whiz, and I'd been warned to never share a toothbrush or comb with anyone (I gleaned these personal hygiene tips from reading my Dad's World War II Army manuals when I was in third grade). Uh, sharing a G-string . . . *without washing?* OK, so she's not a rocket scientist.

Combine a G-string, soaked with the secretions of prior users, with the rubbing and tugging upon it that seems to be a necessary aspect of such titillation, and what do you get? An efficient means of spreading STDs without the need for intercourse. I'd solved the mystery of how she had acquired the infection, but I was still mystified by her lack of common sense. Or maybe she never read her Dad's Army manuals?

Another stripper came to the ER because she twisted her ankle during her performance—must have been a vigorous show. As I examined her ankle, she asked, “Is there anything I can do to have my boobs produce milk, besides becoming pregnant?”

“Why would you want to do that?” I inquired.

“To make it part of my act. I think it would drive the guys wild to see me squirt out milk.”

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inguinal lymph nodes. Occasionally, the tissue between the lymph node and the skin is eroded, with the subsequent discharge of pus. A pretty sight, it's not.

The mind reels. Men would actually pay to see this? “Yes, it’s possible, but I don’t think you’ll find a physician willing to prescribe anything for that purpose.”

“Why not? It’s my body,” she countered.

And it’s my medical license, I thought. “I’m sorry, but I can’t help you. I think the State Medical Board would take a very dim view of such therapy.”

“How about if I gave you some free passes to my show? Wouldn’t you be thrilled to see it, knowing you’re the one who made it possible?”

This would probably not go down in the annals of medicine as one of its finest moments, and I had absolutely no interest in viewing such a spectacle. “Thanks, but no.”

“Doctor, I’m past my prime. I have to do *something* to spice up my act, or I’m going to be canned. Can’t you help me, *please*?”

“No, can’t do it.”

Time for the guilt trip. “Oh, I see, you’re just like other doctors. All you care about is yourself. You wouldn’t lift a finger to help someone who really needed help, would you?”

“Why don’t you ask your own doctor?” I said.

“I did. I told him that if he did it for me, I’d suck him off. But his wife is a nurse who works in his office, and she overheard me. She threw me out, and told me to never come back. See, I don’t have a doctor right now. You want me to blow you?”

The prospect of being involved with a kinky over-the-hill professional exhibitionist did not entice me. “Let me finish examining your ankle.”

“Are you going to help me?”

“With your ankle, yes. With the other matter, no.”

She withdrew her leg in a possessive jerk, and then slid off the gurney. “I’m not going to let some prick examine me,” she muttered as she hobbled past me. “I’m leaving!”

Ordinarily, I would attempt to reason with patients who would threaten to leave before their treatment was finished, but I wasn’t in a mood to try that with her. I knew her ankle wasn’t broken and her ligaments were stable, so it was pointless. I wished her good luck.

As I was making chitchat with a patient, I asked her what she did for a living.

“I’m a professor of humanities, and an ecdysiast,” she answered.

One of the lessons I learned from reading Dale Carnegie books as a teenager was that a good conversationalist could engage people in discussing topics that were of interest to them. There was little hope of that here. I had an entire year of humanities in college, and not only did I not understand it, I didn’t even understand what it was *about*. And an ecdysiast? What was that? An unusual religion? A cult? Some disease discussed in medical school on one of the days I skipped?

“You know, a striptease artist,” she explained.

No, I didn’t know. Learn something new every day on this job. I began to think of why they had such a compulsion to mention their occupation. Must be a facet of their exhibitionism.

“Aren’t you going to ask me the standard question?” she said.

“What standard question?” I asked. Realizing that my brain was in slow gear, I regretted not downing more coffee at the start of my shift.

“Everyone asks me why a professor would also be a stripper.”

“That thought crossed my mind, too. I bet you have an interesting explanation.”

“Not really. I’m just doing it to make more money. I’m not a full professor yet. Just an associate professor, and the pay is lousy. I make more money taking off my clothes in front of a bunch of drunken strangers than I do expanding the minds of bright young college students. You must have had humanities in college; don’t you think it was one of your more important courses?”

About as important as reading the directions on a box of toothpicks, I thought. “Yes, it enhanced my enjoyment of my other courses.”

“See, it broadened your perspective.”

Not quite, I recollected. It was so boring that it made organic chemistry seem like fun. “Yes, in a sense, it did.”

“And aren’t you going to ask me the other standard question?”

I wondered, how often does she have these conversations? Caffeine level still sub-therapeutic, I once again admitted my ignorance.

“The other question that everybody asks me is if I’m afraid someone from the university will find out about my other job.”

“Seems like a valid concern,” I said, stating the obvious.

“To begin with, I’m not doing anything illegal. If they fired me over that, I would have the ACLU on them in a flash. Besides, I doubt they will ever notice. While I’m stripping, I spike my hair and take off my glasses. I wear so much makeup that I doubt my own mother would recognize me.”

“How did you get the job?” I inquired.

“I showed them my *body*!” she answered coquettishly while smiling.

“No, how did the thought of becoming a stripper cross your mind?”

“A few years ago I was dating one of my students who worked at the club as a stripper. He introduced me to his boss, who liked what he saw.”

Must have awfully dim lights in that joint, I speculated. “Wasn’t it risky to date one of your students?”

“Thanks to the chairman of my department, no. He has what amounts to a harem of students. He’s not in a position to say anything.”

Flashback to my college psychology professor. Even by university standards, this fellow was odd. He spent much of every lecture describing his favorite subject: himself, and he beseeched the women in the class to abstain from sex and redirect their sexual energy to him. He also claimed that Henry Ford II wanted to put a bullet through his head. Yeah, right. I’m sure that automobile tycoons have more pressing concerns than thinking about snuffing out oversexed lunatic professors of psychology.

I told the patient about my old psychology professor, and she correctly guessed what university I attended as an undergraduate. Since this was in a different part of the state, I was surprised she apparently knew that[10]. “Do you know him?” I asked.

“Not personally, but I’ve heard of him. He has quite a reputation.”

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[10] However, I later found out that he was the “resident psychologist” (or some similar term) for what was then the most popular talk show on television in that state, so his fame was not confined to the university.

And quite a libido. If he is still teaching, I bet he's popping Viagra® tablets before his office hours. Wondering if I should change my career, I asked, "Are many profs involved with their students?"

"Not nearly as many as there used to be. My chairman is an exception, but most colleges really frown on the faculty having affairs with students."

Another college flashback. I wasn't privy to many of the juicier happenings at the U, but one student with a profound distaste for studying admitted to me how she'd received a 4.0 (an "A") from a certain professor in spite of flunking all of the exams in his class. She'd go into his office and cry, and he would comfort her. They'd begin hugging, and one thing would lead to another. A minute or two later—he had a problem with premature ejaculation, she said—she had her 4.0. Well, he did give her quite an education. She got pregnant, and learned what it was like to be a mother. She dropped out of college and returned home to live with her parents.

"I'm curious, Dr. Pezzi. Did you ever become involved with any of your professors?"

"No. The closest I ever came to that was when I had a crush on my neighbor, Maggie, when I was a freshman in college. If I remember correctly, she taught math at a community college. Although she was 17 years older than me, I was in love—or lust. I was too shy to bring myself to say anything to her about that, so I'd hang out with her son in the hope that something would eventually work out with her. Nothing ever did, though, probably because I was too dumb to recognize an opportunity. One day her son said that his Mom would like to know if I wanted to go out with her to have a cup of coffee. I told him no, saying that I didn't drink coffee. (At that time, I didn't.) What an idiot I was!"

The professor had come to the ER for removal of a splinter, and she'd led me on a short trip down memory lane. Dale Carnegie would be proud of her.

A man was dancing on an elevated dance floor at a disco when he fell off and injured his leg. Since he was in severe pain and couldn't get up, paramedics were called to the scene. They saw what appeared to be a deformity of his upper leg, so they suspected a fracture of his femur (the thigh bone). Acting in accord with standard protocol, they used scissors to cut through his spandex pants. No broken bone—he had a zucchini strapped to his inner, upper thigh.

So much for truth in advertising.

Seemingly mesmerized by a new discovery, student nurse Nicole was staring at the patient. After she began to blush, she asked me, “Uh, what’s *that*?”

Connie, one of the experienced ER nurses, said, “If you don’t know what that is, you don’t know what you’ve been missing!”

“That,” I responded, “is neurogenic priapism.”

Nicole looked confused. “What?” she inquired.

Connie said, “It means he’s got a boner because of his spinal cord injury.”

Nicole’s confusion didn’t abate. “He’s comatose. How can he have an erection? And why is he having an erection? Is he excited?”

He would be if he could see what Nicole looked like, I thought to myself. “No, he’s not aroused.” I then explained why priapism could result from a spinal cord injury.

Nicole was one of the rare ones, with both beauty and brains. She asked, “What happens to women with the same cord injury?”

Hmm, I’d never thought about that, and I’d never seen any trauma expert address that issue. “That’s an excellent question, Nicole, and I don’t know the answer to it. I assume that women would have clitoral engorgement and vaginal lubrication, which are the female equivalent of male erection.”

In our trauma training, we’re taught to look for priapism as one of the indications of cord injury. If this is a sign worth noting, why should we ignore the corresponding physiological equivalent in women? Just some food for thought for you trauma gurus out there.

Brenda brought in her baby because of ear pain. As I peered at his eardrum with an otoscope, she said, “He is the Lord’s child.”

I didn’t think too much about what she had said, and I told her that he had signs of a middle ear infection.

“No, I mean it. He *is* the Lord’s child.”

I thought, aren't we all? I didn't know what to say. I was about to find out that she meant this literally.

"I've never had sex, so he must be the Lord's child," she confided.

Since we hadn't spent very much time discussing Immaculate Conception in medical school, I was out of my league in this discussion. Hesitatingly, I said, "You've never had sex?"

"Never."

I asked, "Were you artificially inseminated?"

"No. See, he *must* be the Lord's child."

Given that I didn't have a better explanation, I wasn't going to argue. After the patient was discharged from the ER, I mentioned this conversation to Sharon, one of the ER nurses.

"Do you think she is serious, Sharon? You think she really believes it?"

Sharon looked to be deep in thought, then exclaimed, "Oh, shit!"

"Oh shit *what*?" I asked.

"Oh, boy . . . I wonder if, I wonder . . ."

"What is it?" I pleaded.

"She was in here about 18 months ago after she'd been in a car accident. She was comatose, so we tubed her and put her on the vent." (Translated, that means she was intubated [had a breathing tube inserted] and placed on a mechanical ventilator [breathing machine].)

"Yes," I said encouragingly.

"I went out of her room to get a catheter from the supply room. I couldn't find the right size, so I called upstairs to have one sent down. When I was on the phone, some guy came in with an MI (myocardial infarction, or "heart attack"). I was tied up with him for a while, and then I went back to Brenda's room. When I walked in, I was almost knocked over by some guy who came running out. He didn't work here, and I knew that she hadn't come in with anyone else, so I ran after him and yelled for security. He darted into the parking lot and we never caught him. I went back into Brenda's room and checked the vent settings and everything, and it all looked fine—except for one thing."

"What was that?"

"Well, I didn't think too much about it at the time, but when I went to put the Foley (a urethral catheter) in, she had a vaginal discharge. I suppose

I should have given it more thought, but I was in a hurry to get back to the guy with the MI because he was throwing lots of PVCs (abnormal heartbeats; specifically, **P**remature **V**entricular **C**ontractions). Now that I think of it, the discharge looked more like semen than it did a typical discharge. What do we do now?"

"Not much," I said. "What *can* we do? Brenda seems to be ecstatic about this virgin birth thing, and if we tell her that she was raped in the ER when she was comatose, she might look at her baby in a different light. I don't know, can we catch the guy?"

"Catch him? How? I barely got a look at him. The only thing I recall is that he had long greasy hair and a beard. What are we going to do, have DNA tests done on every man in this area who looks disheveled?"

"He might not even be from around here. Since we don't have any reasonable chance of finding the guy, I think it is best to keep silent about this. I think it would devastate Brenda."

"I think you're right, Pez. I'm going to tell administration about this, because I told them we need more security but they insisted we don't. If this won't scare them into doing something, what will?"

Apparently not even this, because our security staffing didn't change. As far as this case went, all's well that ends well. However, there is always another day.

I don't want to give you any more nightmares about hospital security, but I may have witnessed an eerily similar case. I say "may have" because I don't know if a rape occurred or not. However, the second I saw the man, who I'll call Jim[11], I suddenly wondered if he had raped the patient in the room he just left. Jim worked in the ER as a technician, and I'd seen him thousands of times, but never looking the way he did that Saturday night when he darted out of her room flushed and sweating profusely with a glazed look in his eyes but zero eye contact. Jim was normally affable, relaxed, happy, and slow-moving. I'd never seen him move that fast, nor had I ever seen him sweat. The ER air conditioning was on, so the temperature and humidity were perfect for comfort. Furthermore, he had no obvious reason to be in that room, which was situated at the end of a long hall. And, in case you are wondering . . . no, I had never suspected anyone else of anything similar, although I'd seen

[11] This is not his real name. I wish to emphasize this because I've worked with countless ER personnel, some of whom were named Jim, and I don't want to cast aspersions on their rectitude. I cannot remember all of their names, but I know with certainty that the fellow mentioned in this story was *not* named Jim.

innumerable hospital personnel rush out of rooms before. There was something odd about this event that struck me like a hammer.

I couldn't ask the patient, a mid-twenties woman who was in a permanent vegetative state (PVS)—what most people would call "a vegetable" not out of meanness, but because *permanent vegetative state* can be a mouthful. She hadn't moved in so long that her joints were frozen, so whenever I saw her (this wasn't the first time), she was curled into a ball. Unlike most PVS patients, she had a cute face and a surprisingly attractive body—even more amazing because she could never exercise, obviously. Sans the brain injury, she probably would have been gracing the cover of a fitness magazine.

So did Jim rape her? I don't know. I did not have sufficient evidence to make that allegation, but I had a gut feeling that it did occur. I would have performed a rape examination had I seen any tangible evidence of it, such as him zipping up his pants when I entered the room, but I did not think that I had adequate grounds to proceed. That would necessitate examining not just the patient, but also collecting specimens from Jim, my co-worker, who undoubtedly would have been devastated if my suspicion was false. He might even have successfully sued me, and won millions (not that I have that much to give), if I made the rape accusation with zero proof of it.

Perhaps I should have had a female nurse step into the room while I did a quick check for semen or some other evidence. However, from what I know about numerous legal precedents (none identical to this one, unfortunately), a hunch is not sufficient legal justification or "probable cause" to allege a rape and investigate it. If I thought that a rape occurred, I should do a complete exam, collect the numerous specimens, file a police report, etc. Not a partial exam or "quick look," because a rape can occur without that showing anything.

This is one of those gray-zone medical dilemmas without a clear-cut solution. Some people might argue for doing the rape exam to protect the patient. Others might argue with equal vehemence that it would be a gross injustice to Jim to proceed without more evidence of wrongdoing. In our crazy legal system, criminals can be freed on a technicality if a court determines that the police proceeded without probable cause. I doubt that any court would say that I had probable cause. Even I doubt that. Yet my hunches are usually correct, and if I had to guess, I'd bet that this one was, too.

While I am on the subject of medical personnel having their way with female patients who can't defend themselves, I should mention that my next book, *ER Doctor* (which may be out by the time you read this), includes a story from a paramedic who said that his partner was guilty of a shocking crime involving a beautiful young comatose woman in the back of their ambulance. If you think that is monstrous, you should read

the rest of what he had to say about other cases. The Reverend Jesse Jackson would be outraged.

“Hey, Doc, she loved it. She wanted it.”

I hadn’t asked this man a question, but he offered this explanation as an apparent rationalization for why he had raped a woman a few hours before. I’d just examined the victim, and it was obvious that she had been brutalized. Marsha was walking to her car when this man forced her at gunpoint to walk deep into the woods. During my exam, I discovered bits of leaves and bark in her vagina and anus, and marks on her neck from where he held a knife. She *loved it*? She *wanted it*?

I glared at him, too angry to respond. I felt like asking him if he would like to hold a target while I sighted in my new rifle.

“Ask her if she wants some more. I’m sure she does. I bet she ain’t never had nothin’ that good before.”

The police officer jerked up on the prisoner’s handcuffs. “Shut up, asshole,” he ordered. “You’re going to prison for a long time.”

“Bullshit,” he answered, pronouncing it, *boo-sheet*. “I’ll be out in no time, then I’m coming back for more of her sweet pussy!”

It’s too bad they can’t recall defective people the way they do defective cars, I thought to myself. This guy was a real lemon. I stared at him, trying to determine if there was a shred of humanity beneath his repulsive exterior. Betty, the nurse standing next to me, stormed off in a huff. She was normally easygoing, but when she was pushed over the edge, she’d explode.

In my years as an ER physician, I have dealt with a variety of murderers, rapists, and assorted thugs. Being face to face with a man who just hacked someone to death or committed some other heinous crime is a poignant experience. If I had my druthers, I wouldn’t treat such patients. Attorneys often take pride in the fact that they defend people they know to be guilty, which they justify by a rationalization that only an attorney could understand. (An example: Alan Dershowitz, a Harvard law professor, once said that he would defend Adolf Hitler if he were given the chance, boasting that he would win.)

An hour later, Betty approached me in the conference room. “I gave him an injection.”

“Gave who the injection?” I asked.

“The rapist,” she answered.

“I didn’t order an injection,” I said.

“I know,” she responded.

Nurses sometimes slip up and give something without an order. Typically, the nurse will ask the physician to write an order for it retroactively so that the nurse won’t get in trouble. As long as the medicine and dose were reasonable, I would bend over backward to help the nurse. I’d only had one case in which the medicine given was so outrageous that I couldn’t write an order for it. However, I noticed that Betty wasn’t asking me to write an order to cover for her. “What did you give him, Betty?”

“Did you hear what he said? How he was going to rape Marsha again?”

“Yes, I heard him.”

“That man doesn’t deserve to live, does he?”

“If I had my way,” I answered, “I’d test his allergy to hot lead.”

“To what?”

“I mean I’d shoot the SOB.”

“Good. At least we’re thinking along the same lines.”

“I’d *like* to shoot him, but I’m not *going* to shoot him. I do not intend to elevate that scumbag to the status of a victim. So, what did you give him?”

“His just reward,” she said.

I thought about asking her again, but I really didn’t want to know. Not if my suspicion was correct. I've heard several nurses talk about giving an injection of HIV-laden blood to patients they hated. Since nurses are usually the ones who draw blood specimens, give injections, and start IVs, they have plenty of opportunity to do this if they are so inclined. AIDS patients visit hospitals so frequently that nurses are guaranteed an essentially limitless supply of infected blood to inject into patients they detest. Furthermore, the long latency of HIV infection makes this the perfect crime: by the time the infection is apparent, linking it to its source is almost impossible.

Deep down, I think that the nurses who said such things were just blowing off steam. In any one 4-year term, about half the people say they would like to shoot the President, but this rarely happens. And who hasn't wanted to punch their boss in the nose? Just blowing off steam, right? Let's hope so!

While writing a prescription for a woman, she asked, “By the way, doctor, do you know anything about infertility?”

Patients being seen for a particular problem sometimes ask questions about an unrelated problem, so this request didn’t surprise me at all. From the way they phrase the preface to their requests, though, it seems to me that people assume either that ER doctors know next to nothing or that we know everything. In this case, I told her that I knew the basics of infertility and some tips that most experts on the subject didn’t know, but not much of the spectrum of knowledge between those two extremes.

“OK, I’ll ask you, anyway,” she said.

“Fire away.”

“My husband and I are trying to get pregnant . . . oh, you know what I mean, *I’m* trying to get pregnant, but I can’t. I can’t imagine living a life without children. Do you think I should see somebody about this, or is there something we can try without seeing a specialist? We don’t have medical insurance, you know.”

One of the hazards of living in a small town is that the friendly local ER doctor is apt to know details of a person’s medical history if he had previously been a patient in the ER. From the way the patient’s husband was suddenly squirming in his chair, I knew that he hadn’t forgotten about the fact that he’d told me about his vasectomy when I’d seen him in the ER with abdominal pain a few weeks before. Because of the ethics of confidentiality, however, I could not mention this to someone else—even if she was his wife. Consequently, I spent a few minutes discussing this subject in general, wishing that I could be more specific. Very specific, as in, “Your husband is a slimebag who apparently doesn’t care much about your feelings. By the way, did he ever tell you about his vasectomy?” But that would have started World War III, so I didn’t mention anything further.

A few days later, the patient’s husband phoned me at home—one of the inconveniences of forgetting to have an unlisted number. He began by thanking me for not telling her.

“I couldn’t tell her, but you should have. It’s none of my business, but why didn’t you?”

“When we were dating she told me how much kids meant to her and how much she wanted to have them. If I told her that I’d had a vasectomy, she wouldn’t have married me.”

“Why not try to have the vasectomy reversed?”

“Because I don’t want kids, that’s why.”

This guy was even more cold and calculating than I thought. “But what about your wife? She obviously wants them.”

“So?”

“It’s not my job to play marriage counselor, but if a couple has such a disparate view of what they want out of marriage, then it seems to me that they shouldn’t get married.”

“Are you married?”

“No.”

“Then how the hell do you know anything about marriage?”

“Because the foundation for marriage is the same as for friendship, and honesty is certainly part of the equation.”

“But you don’t know how much I love that woman! I had to have her!”

I think he *lusted* her, and had to have her. I don’t think he knew what love meant.

During my training, I worked in a hospital in which the obstetrical ward entrance was located immediately in front of an elevator. I was waiting to use the elevator when its door opened, revealing a teenager who was obviously in labor. In fact, I wasn’t certain if she would even make it out of the elevator before the baby plopped out. I yelled for a nurse to bring me some gloves so I could deliver the baby.

“You’re a liar, Doctor,” the teenager’s mother told me. “My daughter never had sex, so she can’t be pregnant.”

I wondered if she were serious, but I didn’t have much time to think. A couple of pushes later she delivered the baby. The mother then said, “That couldn’t be no real baby, ‘cause my daughter never had sex.”

It’s called *denial*.

Kate and Donald were staying at her parent's cottage for the weekend. While packing for the trip, Kate forgot to bring along their sexual lubricant so she rummaged around her parent's home and found a substitute gel. Alarmed at its effect, they came into the ER.

"Something's wrong," Kate said.

"What seems to be the problem?" I asked.

"We both can't feel anything down there. It's numb or something."

"Did you do anything unusual tonight?"

"Nothing out of the ordinary, except we used a new lubricant."

"Which one did you use?"

"I brought it with me. Here it is," she said as she handed it to me.

No wonder, I thought. "This is lidocaine jelly," I explained. "Lidocaine is a local anesthetic—a numbing agent, similar to what dentists use to numb teeth."

"That explains that," Kate sighed. "I know I shouldn't ask you this, doctor, but why do you think my parents have it lying around?"

I rattled off the common reasons why lidocaine jelly might be used at home. "Nope, my parents don't have any of those reasons to use it, at least as far as I know."

What I couldn't tell Kate is that I'd seen her father as a patient before, and I knew why he used it. Men with premature ejaculation can benefit from it by rubbing a small amount onto their penis, waiting for it to take effect, and then washing it off before intercourse. This can significantly prolong their sexual performance without inducing numbness in their partner. Given the number of women who would love to have intercourse prolonged, I am surprised this tip is not practiced more widely.

Ethan was driving to pick up his date for the evening. Since he was unusually nervous, he stopped by a bar to have a drink to calm his nerves. After leaving the bar, he was involved in an automobile accident and was taken to the ER.

I checked him over, and found only a few minor injuries. As I was discharging him, Ethan asked if he could use the phone to call his date. As he hung up the phone, he said, "Oh, *shit*!"

I asked him what was wrong.

“I got my days screwed up. I was going to take her to a concert for our date, but the concert is scheduled for *tomorrow* night.”

I had just explained to Tina that her husband did not make it. He had been electrocuted at work working on a circuit breaker box while standing in a puddle of water—not a really bright thing to do, by the way. Tina didn't seem particularly upset, though. I attributed this to her being in a state of shock (no pun intended). Little did I know that it was *I* who would soon be in a state of shock.

Matter-of-factly, Tina expressed her final wish for her husband: she wanted me to “harvest” his penis, and give it to her! “It's the only thing about him that I really liked, anyway.”

This was the most morbidly perverse idea I had ever heard, but I doubted that Tina would care about the fact that I thought she was deranged, so I addressed a more pragmatic concern and told her the penis wouldn’t last.

She inquired, “What do you mean it won’t *last*?”

“It’ll rot,” I explained.

“Can’t you preserve it?” she asked.

“Preserve it?”

“Yes, you know, like with formaldehyde?”

After asking a woman if she had ever had intercourse, she answered, “That depends.”

Here we go again, I thought. “What do you mean by that?” I asked.

“Does it count if I did it to myself?”

“Do you mean masturbation?” I inquired.

“Well, kind of, but not really. It was more than that.”

“What did you do?”

“I penetrated myself.”

“You inserted a finger in your vagina?”

“Not my finger.”

A pause. I wondered what else it could be. “Your thumb?”

“No, I’m not sure what you’d call it.”

Fair enough. No one expects patients to be professors of anatomy, but in this case the choices seemed rather limited. “Can you describe it?”

“I guess I’d call it a penis, except that I’m a girl. I read a book in the library, and it said that a woman’s clitoris could sometimes enlarge. That’s what mine did, and now it’s like a small penis, except that I don’t pee out of it.”

When I performed the pelvic examination, I found this was a remarkably accurate description. My original concern was whether she could be pregnant. Now I worried about what induced this clitoral enlargement. Did she have a hormone-secreting tumor? Or was she abusing steroids?

“It really freaked out my last boyfriend when he saw it. He said he thought I was a guy who was a cross-dresser, and he didn’t want to have anything to do with me. Can they treat this?”

“Yes, they can suppress whatever it is that’s causing your clitoris to enlarge, but it won’t cause it to shrink appreciably. It just won’t get any bigger.”

“Can they cut part of it off?”

“I don’t think you would like that. You would lose a lot of your sexual sensation.”

“I wouldn’t want that. The way it is now, it’s like the best of both worlds. I get the pleasure of penetration, and of being penetrated. But still, I want to have a boyfriend again, and he will probably react the way the last one did.”

“I’m going to refer you to an endocrinologist, a doctor who is a specialist in hormones, because I think it is most likely that this is a reflection of a hormone disorder. I think that you should sit down with your next boyfriend when you are ready for intimacy, and explain that you have a large clitoris. If he really loves you, it shouldn’t matter.”

Or, if she wants 10,000 guys chasing after her, advertise on the Internet.

Carol was a hospital volunteer, what people call a “candy striper.” And yes, you salivating maniacs out there, she was gorgeous. Beautiful, slim, intelligent, personable—but a high school student. She told me that she wanted to go to nursing school so that she could become a trauma nurse. Hearing this, I thought that she might want to see some trauma, and she eagerly accepted.

I knew it was best to start with something minor. I had a patient with a cut on his head that required suturing. I asked if she would like to watch me do the repair, and she agreed. I stationed her on the side of the gurney that was opposite me.

As the procedure progressed, I explained everything as I went along. Since that was a teaching hospital and I was the teacher, this seemed perfectly natural. As I began explaining something, I looked at her and noticed that she was pale. Her eyes were half-closed, and she didn't respond when I said her name. Knowing what was about to happen, I raced over to her. Just as I got behind her, she passed out and fell backward, knocking me over. I didn't want to touch her with my bloody gloves, so I held my hands out laterally, still using my elbows to keep her from falling to either side. Her head came gently to rest on my chest, instead of smashing into the floor. I called for help, and a nurse came in to help her get up. I changed my gloves and finished suturing, alone.

While this may not have been an auspicious beginning, I've seen many doctors faint the first day of anatomy lab, so her career plans were not necessarily finished. So, Carol, did you become a trauma nurse?

“That must have been *some* orgasm!” This was Martin's initial reaction as he watched his girlfriend Brooke slump backward after her climax. When he failed to awaken her, he realized that this was more than a post-orgasmic slumber, so he called 911. Coincidentally, Brooke was a nurse at our hospital, and she was only 32.

Since Brooke was comatose when she arrived in the ER, I obtained the history from her boyfriend. Martin answered “no” to the usual ER questions: booze, drugs, kinky sexual practices?

“No, Doc, she was just on top, moaning like she was really enjoying it, and then she sort of screamed and fell backward. I thought she'd had The Big O, that's all. But after I shook her and she wouldn't wake up, I thought something was wrong. Like she had a seizure or something.”

A seizure would have been a comparative blessing. Brooke's coma was attributable to a cerebral hemorrhage, a type of stroke. Before the day was through, her life was over.

Lest you harbor a fear of subsequent orgasms, let me assure you—as you must already know—that reaching orgasm is not a particularly risky activity. If Brooke hadn't died as a result of her climax, she would have died the next time she strained to lift a heavy bag of trash. Considering that, she was lucky. Sexual activity, and especially orgasm, raises the pain threshold. The higher the threshold, the less subjective pain you'll experience after any given noxious stimulus. While I am sure that Brooke had a whopper of a headache before she became unconscious, that pain must have been less intense than it otherwise would have been, had it not been preceded by an orgasm.

All of this did little to console Martin. “I killed her! I killed her with my dick.”

“Not really,” I said. “She just had a weak blood vessel in her brain. It was bound to rupture in the near future, anyway. Don't be so hard on yourself.”

“But what do I tell her parents?”

“Well, you might want to omit a few of the details . . . .”

This story does not have anything to do with love, lust, or sex, but I am including it because it is necessary to understand part of the story that follows it.

A craggy-faced alcoholic was brought to the ER near death. The boozer had consumed far more whiskey than even he was accustomed to, and he was about two sips away from that great distillery in the sky. Ours was not to reason why, so we saved his life.

The paramedics who transported the man to the hospital had kindly chosen to bring along what remained of his supply of spirits. There, tucked neatly beside his leg, was a half-empty fifth of whiskey. I cannot remember the brand, but it wasn't something I'd drink. A nurse dumped the liquor down the drain and threw the bottle in the trash. Word of this deed eventually reached one of the administrators, who threw a conniption fit. The administrator said the whiskey was private property, and that the nurse had no right to discard it. He insisted that the alcoholic, upon his discharge from the hospital, be given a note of apology and a new fifth of whiskey.

Knock, knock, *hello*, Mr. Administrator, is anybody home? You want to give more booze to a man who almost *drank himself to death?* Hey, and the next time someone survives after shooting himself, should we take him out to a gun shop and buy him another box of bullets, too?

“Hey, Doc, there’s something wrong with the patient.”

Angela was an experienced nurse. When *she* was concerned, *I* was concerned. Angela was working on Mrs. Brown, a lady who had collapsed at her desk after her heart stopped because of an abnormal heart rhythm. The paramedics had shocked her, restoring a normal rhythm, and she was in the ER awaiting transfer to the CCU. Mrs. Brown remained unconscious, which is not unusual in such a circumstance.

“What’s wrong, Angela?” I inquired.

“I don’t know. She’s buzzing.”

“She’s *buzzing*?”

“Yes, you’d better take a look.”

That we did. The source of the buzzing, it turned out, was a vibrator. When I removed it from her vagina it was still buzzing merrily away, no doubt due to the fact that it was powered by a couple of Energizer® C-cells. (Pity that the folks at Eveready won’t be able to capitalize upon this and incorporate this into their Energizer® Bunny ads . . . I doubt it would be acceptable to the censors.)

Angela gave me a wry smile, and then said, “I guess she has a boring job.”

“Unlike us,” I responded.

“Well, what should I do with it?” Both Angela and I knew how the administrators at this hospital viewed personal property. If we discarded it and they found out, they’d no doubt force us to buy her a new vibrator and, of course, some new batteries.

“Throw it away,” I answered.

Angela seemed anxious. “*Throw it away?* But what if administration finds out?”

“To heck with the administration,” I said. “If I have to choose between placating the administration or doing what’s best for the patient, I’ll do what’s best for the patient.”

“So I should just throw it out?”

“Well, look at our alternatives. Medically, it’d be risky to leave the vibrator inside her. We could clean it up and put it in her patient bag along with her clothes, but I think she’d have another heart attack and die of embarrassment if she saw it there. Then she’d wonder just who knew about her little secret. Or a family member might take the clothes home to wash them . . .”

“OK, I see your point.” Angela wrapped the vibrator in paper toweling and tossed it in the garbage. “But won’t she wonder what happened to it if she wakes up? I mean, she might worry that it dropped out at work, and her co-workers saw it. I’d be mortified.”

“Good idea, Angela.”

I followed Mrs. Brown’s progress in the hospital. Thankfully, she did fine. Just before her discharge, I went to see her. I introduced myself, we chatted for a while, and then I said, “Mrs. Brown, we took care of *everything* in the emergency room. You have *nothing* to worry about.” I thought that was sufficiently vague, so that she’d know what I was hinting about only if she remembered.

She did. “Oh, thank goodness! I was worried that someone else may have discovered it. If they knew at work, I’d be too embarrassed to ever go back there. But do you think I’m . . . I’m . . .”

“Mrs. Brown, everybody does it.” She let out a sigh of relief.

Well, perhaps not at work, but that’s beside the point.

In this day and age, vibrators are the sort of thing that one purchases by mail order from a company that promises discreet shipping, and then are stashed away by the owner into a dark closet or drawer. Given this mindset, it is difficult to believe that vibrators were once an indispensable tool of medicine—and I don’t mean for relaxing sore muscles, either. A century ago, physicians would routinely relieve pelvic congestion of their female patients by masturbating them to orgasm. Doctors of that era were as skilled in being moneygrubbers as doctors are these days, and the old-timers realized that they could treat more women—and hence make more money—per day by mechanizing this process using a newfangled invention, the vibrator.

While researching this I could find no historical record of vibrators being used on male patients. The men were apparently able to take care of their own needs, using whatever passed for K-Y Jelly® in those zany days of yesteryear. Another curious finding is that women judged to be sexually desirable were encouraged to have a man assuage their libidinal desires while the doctors, intent on living up to the Hippocratic Oath, concentrated their efforts on the women who really needed them.

In spite of this sexual triage, doctors were never at a loss for patients. If you still aren't convinced that truth is stranger than fiction, buy me a beer sometime and I'll share with you some more trivia that is so bizarre by today's standards that it might cause your blood to curdle.

This next story does not deal with the ER, but it is bizarre enough to earn a place in this book. I have a friend, Shannon, who works as a nurse at the local hospital, which is the regional referral center and a teaching hospital, too. Shannon told me about a student nurse who was caught having sex with a patient in his hospital bed. That led to two things: pregnancy, and her expulsion from school. We thought that would be the end of the story, but the student nurse was somehow readmitted and continued training at that hospital. I bet she had a good attorney!

The people most impressed by beautiful women are sometimes the beautiful women themselves. Anyone who doubts this need only spend some time surfing the Internet to realize how true it can be. For example, I just stumbled across words written by a gorgeous woman. She wrote, "my name is christina i've lived in cincinnati ohio my entire life I'm 22 and a vocal performance major at OSU[12]. that makes me better than you.[13]"

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[12] I changed her name, location, and school, but used the same capitalization—or lack thereof—that she did.

[13] I've noticed that beautiful young women are more likely to have an exalted opinion of themselves, as manifested by comments such as, "I am the coolest person you could hope to find" and "I am the most interesting person in the world." Believe it or not, but the babes truly believe they are "the coolest," "the most interesting," "super smart," blah, blah, blah. To develop my various sites that pertain to some aspect of dating (such as www.myprofilewriter.com, www.contactmefree.com, and www.myspamsponge.com), I had to check out other dating sites, and of course their content. In doing that, I saw countless beauties boast how smart, funny, entertaining, and wonderful they are, yet not one could substantiate her claim. Interestingly, I never saw a woman who *wasn't* hot with such an unjustifiable superiority complex. What is it about beauty that gives women such big heads? The Beautiful Woman Syndrome site (www.bwsyndrome.com) discusses this. Now to stave off the hate mail I am certain to receive from beautiful women: *Not all* gorgeous women are so egotistically inclined to exaggerate their attributes unrelated to appearance.

You don't need me to tell you that such a comment is dripping with arrogance and replete with numerous grammatical errors. Gee whiz, a vocal performance major—is that challenging enough to warrant such a high-and-mighty attitude? Obviously not, so the reason that Christina is so enamored with herself is more likely to stem from her beauty.

I met a young woman in the ER whose ego was just as lofty, and with equally tenuous justification. Allison was hot. No doubt about that.

I've never understood people who begrudged a person mentioning his or her attributes. If the attribute is real, it is a fact, not hubris. The definition of *hubris* goes beyond a matter-of-fact acknowledgement of some attribute; it smacks of an arrogant, haughty disdain for others. The dictionary definition of hubris is "an inordinate sense of one's superiority." Not a *justifiable* sense of one's superiority, but an *inordinate* sense of one's superiority. Consequently, if Allison's ego were confined to her appearance, I wouldn't have a problem with that. Her appearance *was* superior. I think people should be cognizant of their attributes, and capitalize upon them to the greatest extent possible.

However, judging from the things she said and how she treated others, Allison didn't just think that she was mesmerizingly beautiful, she acted as if she were royalty. Her most salient accomplishment, other than having the luck to be born beautiful, was completing the first year at a local community college. That's good, but hardly reason to act like royalty.

Some attributes, such as intelligence or a magnetic personality, often last throughout life. In contrast, beauty is relatively ephemeral. With each passing decade, the proportion of beautiful women drops off so rapidly that few women are considered beautiful by the time they reach the age of 40. Interestingly, a robust body of evidence strongly suggests that male appearance is better preserved. One example of this is how men old enough to join AARP can still be considered handsome enough to be the leading man in a movie. However, when Hollywood needs a woman with equal appeal, they cast much younger women, most typically 20-something babes. Hollywood executives know that a 57-year-old man can still be perceived as a hunk, but a comparably old actress is unlikely to be perceived as a babe, even if she can afford the best plastic surgeons in the world.

This disparity in the degradation of appearance will widen when hair cloning, which is just over the horizon, becomes available, because alopecia is one of the major signs of aging in males. However, the things that decimate female beauty—wrinkles, cellulite, varicose veins, stretch marks, shrinking breasts, sagging breasts, and other losing battles against gravity and the ravages of time such as packing on pounds in all the wrong places—are not so easily remedied. Women *could* do a much better job of preserving and even amplifying their attractiveness if they

read my books[14] that discussed numerous ways to do that. However, most women never bother to take the time to read about effective ways of combating these things that diminish beauty. Or they may read about it, but choose the wrong sources, such as women's magazines. Think about it: the covers of those magazines have been promising beauty breakthroughs for, oh what has it been, the past 50 years or so? Are today's women better at preserving their beauty than women were a half-century ago? Hardly! If women's magazines told you my beauty tips, you could learn what you need to know from one issue. You wouldn't need to read them year after year, vainly hoping for a beauty miracle. Therefore, you would have less incentive to continue reading them, because you would already know what you should know about beauty. However, that would erode their profits, so what do they do? Keep stringing you along with promises of "must-have" info, without telling you what really works.

Therefore, for most women, beauty is distressingly short-lived. It usually lasts long enough to land a husband, but not long enough to keep him from lusting after his secretary 20 years later. If you think that beauty longevity of a decade or two is depressing, what about beauty that's gone in a flash?

I'd come to the ER about 45 minutes early because I would sometimes do that to help catch up before my shift was scheduled to begin. When I walked into the Trauma Room looking for a particular type of suture, one of the nurses greeted me by name. Then I heard another female voice, but this one came from the patient lying on the trauma room gurney. "Dr. Pezzi, are you there?"

I couldn't see who it was because she was surrounded by the ER doc working the afternoon shift, other members of the trauma team, and a couple of ER nurses. When I approached, two of the residents moved away, as they sometimes do in deference to an attending when they're not doing anything that moment.

Even for a veteran ER doc, the shock of seeing her was gruesome. The left half of her face was mutilated, and her left eyeball dangled out from what remained of her eye socket. The other side of her face was covered by numerous lacerations and was so swollen that her right eye could not be seen. Caked, dried blood was everywhere, and part of her skull was visible where her forehead used to be. I wondered, could she see me through her left eye? It wasn't moving. And who was she? I didn't recognize her.

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[14] *Fascinating Health Secrets* (www.erbook.net/fhsmain.htm), *The Science of Sex* (www.sexualtips.net), and *How to Lose Weight Without Dieting, Drugs, Herbs, Exercise, or Surgery* (www.lose-weight-easily.net).

"It's Allison Adams[15]," one of the nurses helpfully pointed out. "MVA[16]."

I stared at her face, searching for some vestige of familiarity. The ever-present tan was still there, but nothing else remained the same. Her lips were partially avulsed, revealing multiple missing and fractured teeth. Lips that were once so alluring to men were now ripped apart, perhaps lying in her car or on the highway.

"Allison?" I replied questioningly. I couldn't believe it was her.

The nurse frowned and shook her head affirmatively. Allison said, "Yes, it's me. Am I going to be all right? Will I still be pretty?"

I wondered, *Oh shit, what could I say?* She had no life-threatening injuries from what I saw, but her beauty? Her days of being a babe were over. Sure, plastic surgeons could reconstruct her face, but I knew they could not transform this facial hamburger into the work of art that men once found so irresistible.

Medical students learn early on that patients can be devastated when a physician hesitates before responding to such a question. "Oh God, here it comes. Bad news!" they reflexively assume.

Knowing this, I did my best not to pause before responding. "You're going to live, Allison, and we'll have our plastic surgeon take care of your facial injuries."

"Can he make me as pretty as I was before?" she asked pleadingly, obviously seeking reassurance.

Searching for a way to respond truthfully without adding to her anxiety, I said, "You would be amazed by what they can do."

I thought of Humpty Dumpty:

Humpty Dumpty sat on a wall;
Humpty Dumpty had a great fall.
All the king's horses and all the king's men
Couldn't put Humpty together again.

And I was certain that plastic surgeons could not put Allison together again so that her beauty was restored. Strangely, I felt sad. The old Allison was difficult to like, but beneath that arrogant "I'm better than you

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[15] Not her real name, of course.

[16] MVA = Motor Vehicle Accident.

and everyone else because I am gorgeous" exterior was just another person with the same hopes and dreams as the rest of us. Her beauty had once cloaked that element of her humanity, but now, with part of her face torn off, it was visible.

"I'm scared," she said. "Hold my hand."

I looked down, and saw that her hand was streaked with blood, so I pulled a glove from my pocket and put it on before complying with her request. From the way she intermittently squeezed my hand, I thought that she was seeking more reassurance, so I squeezed back. I wish I could have done more, but I had my own patients to attend to. She would obviously be admitted, so I excused myself and left.

Allison returned to the ER almost a year later a few minutes before my shift was due to end that morning. I removed her chart from the "To Be Seen" bin and was scanning it when Bob, the ER doc coming on to relieve me, said, "I'll take care of that, Pez. Go home and get some sleep."

Ordinarily, I would have welcomed such a gracious offer, but I wasn't about to pass up this opportunity. I wanted to see what the plastic surgeon and other specialists were able to accomplish.

The results were interesting. The parts of her face that were relatively unscathed by the accident were still recognizably the old Allison. The rest was about what I expected: a patchwork of scars, grafts, shallow gouges, and distorted symmetry. The overall appearance was . . . well, let me put it this way. Instead of men asking for her phone number, they were probably now asking, "What happened to you?" It was that obvious.

However, what struck me most wasn't the aftermath of her reconstructive surgery, but her facial expression and demeanor. Gone was the arrogant old Allison, who seemed to exude Christina's "that makes me better than you" attitude. In its place was a young woman who now preferred to stare at her lap than to look me in the eye, as she so boldly used to do. Her once-smug voice was now diffident and quavering. I felt sorry for her.

Allison presented to the ER this time with what seemed to be a simple bladder infection, but I asked her all the routine questions pertinent to that possibility: Abdominal pain? Back or flank pain? Fever or chills? Nausea or vomiting? Vaginal discharge? Any possibility of pregnancy?

"Dr. Pezzi," she said while shifting her gaze from her lap to me, "I haven't had sex since before my accident. Would you or any man want to make love to someone who looks like me?"

A rhetorical question, no doubt, and one that was best left unanswered. She continued, "I don't even have a boyfriend anymore."

Her gaze shifted to her lap once again, and I wondered what I should say, struggling to think of something before the *pause before replying* sent a message of its own. “Is your plastic surgeon planning to do more surgery?”

“He wants to revise some of my scars, and do more work, but . . . .” Tears welled up in her eyes, and she began sobbing. “But I know that I’ll never look the same as I once did.”

The crying intensified and her face contorted in misery as she looked at me. “My life will never be the same again, will it?”

I wanted to mitigate her agony, so I gave her a hug and told her about some research being done that might produce better results than she expected. Her crying tapered off and she said, “Thank you.”

“For what?” I asked.

“For the hug, and for holding my hand after the accident.” I’d almost forgotten about that, but she had not. “I was so scared, and I couldn’t see anything.” I remembered her left eye, which was now replaced by a prosthesis[17]. “I know that I used to be a real bitch, so you didn’t have to be nice to me.”

Allison did not realize that part of being an ER doctor is trying to be nice to every patient who comes in. We’re supposed to leave the judging to others. That’s not always possible, since we’re human, too, and never as perfect as we’d like to be. But we try.

I wasn’t paid overtime at this hospital, so I was now working for free. I didn’t mind it, though, because I would rather be doing what I was doing than my usual morning ritual, which was to eat breakfast and try to fall asleep. Allison gave me an interesting glimpse into one aspect of the human psyche. Beautiful women may act lordly, like stuck-up snobs, but I think most of them will eventually realize that their beauty can’t do anything for others except to provide momentary visual pleasure. In contrast, other attributes can and do provide tangible rewards to others. A smart doctor can save your life. An insightful therapist can save your marriage, or give you a fresh perspective of life that enhances your appreciation of it. A wonderfully caring friend can lift your spirits. I could go on and on listing how various attributes of people benefit the ones they associate with. Inexplicably, however, our culture gives short shrift to those attributes while endlessly lauding the one—beauty—that does so little for others. Odd, isn’t it?

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[17] An ocular prosthesis is usually called a “glass eye.”

What do you do when a movie star's daughter begins to tell you intimate details about his love life? Well, if you're an ER doctor, and that daughter is your patient, you close the door, then sit and listen. So I did. I generally do not have much time for listening, but this shift was slow, and I was curious to hear what she had to say—and why she wanted to tell me. I'm an ER doc, not a psychiatrist, but listening is (or should be) something that all physicians do.

The daughter, who I'll call Amy, came to the ER for a bladder infection, so this catharsis was unrelated to her presenting complaint (i.e., ostensibly why she came to the ER). Amy's parents are divorced, and she attends a private school far from home. She spent last Christmas with her Dad and his girlfriend Heather, who is scarcely older than Amy. Amy was “creeped out” (her terminology, not mine) by this for the obvious reason, and one not so obvious. You figure out the former; I'll tell you the latter. Amy thought that Heather was the epitome of an airhead, and devoid of common sense when it comes to matters that are better left unsaid. Such as an explanation of why her father was so good in bed, and why Heather's last lover was not. Amy did not know how to respond to such revelations, and she wondered if Heather was high on something. Amy tried changing the subject to more appropriate topics, but Heather demonstrated no apparent interest in discussing music, sports, hobbies, or her family. Just sex.

Amy said that when her father was present, Heather never discussed sex. However, when Heather and Amy were alone, Heather would return to her favorite subject. Amy had enough of this after three days, so she called her mother and asked to spend the remainder of the Christmas vacation with her. When she told her Dad why she was leaving, he looked at Heather in stunned disbelief, blushed, then stormed out of his house. Amy left before he returned, and never mentioned the subject to her mother.

Amy was dreading the next time she would see her Dad, or speak with him. He hadn't called in a month, which is very atypical for him, so she knew that he was avoiding her. She did receive some encouraging news from her mother, who—unaware of Heather's inappropriate Christmastime chitchat—said that Amy's Dad was no longer seeing Heather. That's good, but how to repair the relationship with her Dad? Should she call? What should she say? Or should she continue to wait until her Dad called? Amy was concerned that she might embarrass her father even more if she were to call, and she thought that he would call when his humiliation subsided. However, she wanted my opinion. My opinion as a doctor, or as just another person? Before I had a chance to respond, I was paged to the Trauma Room to treat the survivors of a

head-on collision. As I completed their paperwork 90 minutes later, I suddenly remembered Amy. I went to see her again, but she'd already left. She has a history of frequent bladder infections, so I may see her again. By that time, I hope that the discomfiture between Amy and her father will have dissipated. I don't have any brilliant tips for mitigating what is bound to be an awkward conversation.

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Puppy Love

I was being interviewed by a high school student for an article he was writing for the school newspaper. “Has a patient ever done anything that surprised you?”

I wondered, *where do I begin?* “Yes, that’s happened many times.”

He asked, “How about someone who was a teenager? Any surprises there?”

I thought I’d better omit the more risqué stories. “Yes. A few years ago, I was examining a 17-year-old patient who was intoxicated. Because she had fallen and hit her head, I had to do a funduscopic exam. That is, I had to use an ophthalmoscope to look inside her eyes.”

“Is that the test where the doctor gets right in front of your face and shines that really bright light in your eyes?”

“That’s it,” I responded.

“What did she do? Burp in your face?”

“No, she kissed me.”

“Was she cute?”

“Yes.”

“Was she a good kisser?” he asked eagerly.

“I don’t know. It startled me, so I jumped back.”

“Oh, darn, I was hoping that you would have done some serious lip-locking with her.”

“I don’t think her Mom would have appreciated that very much.”

“Her mother was in the room?”

“Yes.”

“What did her Mom say to her?”

“She said, ‘Amanda, I don’t think the doctor wants you to kiss him. I think you should apologize, young lady.’”

“Did she apologize?”

“No. She said, ‘Mom, I just wanted to thank him for saving my life!’”

“Did you save her life?”

“No, she didn’t need saving. She was fine.”

“So what did you do then?”

“I looked into her other eye, and she kissed me again.”

“Hey, I just thought of a catchy title for the story I’m writing.”

“What’s that?” I asked.

“You said this was a *funduscopic exam*, correct?”

“Yes.”

“Well, I’m going to title it, ‘A **fun**-duscopic exam in the ER.’”

Simply transcribing this note (from a sweet 12-year-old patient) would not have done it justice. So here's a copy of it (her signature is obscured by digital pixelation):

Another youngster was in the ER with one of her friends, and they sent me a couple of notes. One note read:

Dear Kevin,
Thanks for helping me to get better.
Love,
Jessica

Jessica's friend sent a note, too. I interjected my comments in parentheses:

Dear Pezzi, (*Dear Pezzi?*—I love it!)
Thanks for the wheelchair! (I'd given them a wheelchair, more for amusement than anything else.) Jessica and I really appreciate it. And we apologize if we were a nuisance!! (Nah, just playful! Actually, I was amused by their antics, but one of the nurses was not.)
Love,
Allison & Jessica

“Can you give him this note? He’s so *cute!”*

Reality check. No, I’m not in junior high school. Judging from the pandemonium, I was still in the ER.

“Give a note to who, Rebecca?”

“That guy over there in the corner. What do you think he is, about 18?”

Rebecca’s chart indicated that she was 16, but I wasn’t about to tell her how old that patient was, or why he was in the ER.

“I can’t tell you.”

“Why is he in here?” she asked.

“I can’t tell you anything about him, Rebecca. It’s confidential.”

“Well, can I give him the note?”

“I can’t stop you, but let me put it to you this way. Pretend that I am your older brother, and that I love you very much. I would do anything in the world to facilitate your happiness and well-being. You’d trust me to give you good advice, wouldn’t you?”

“Sure I would.”

“Then take my advice: *Forget it!*”

“Gee, I guess he didn’t sprain his ankle or something like that.”

After I examined a young woman with abdominal pain, I told her and her mother that I would order some tests, including a pregnancy test. The mother protested, “She couldn’t possibly be pregnant, because she hasn’t yet had her first period.”

I responded, “But she said that she’s been having sex for the past few months, so she might be pregnant.”

The mother sounded somewhat apoplectic. “How could she get pregnant without having her period? Doesn’t that mean she’s not yet able to get pregnant?”

“No, that’s a misconception. Approximately two weeks before a woman’s first menstrual cycle *would have* occurred, she ovulates and can get pregnant if she is having sex. Therefore, we need to check her pregnancy test.”

Which was positive, of course. Another 11-year-old mother.

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The Love Lives of ER Doctors

After watching the current crop of medical shows on television, a viewer might easily conclude that ER doctors have hot love lives. Do they? Judge for yourself . . . .

Here's a story from an anonymous ER physician contributor:

“One of my friends introduced me to one of her friends, Ashley, who is an ER doctor. We began talking regularly on the telephone, and before long we agreed that she’d stay with me for a week while she studied for her board exams. Since we had not yet met in person that may seem to be an extreme thing to do on a first date, but there is a certain camaraderie between physicians that makes it easy to rapidly form friendships. Ashley thought that I would be able to help her study because of my experience as an ER doc, but I did not understand how I’d be able to help her learn more than she could on her own. Nevertheless, I was eager to meet her because she said she had not met anyone worth dating in the past few years—same problem I’d had.

Ashley pulled into my driveway around 10 PM with two bottles of wine and a big smile. She was a lot cuter than I’d imagined, primarily because my mental image of her had been based upon a somewhat pessimistic description given by our mutual friend. We began talking as if we’d been friends for years, and sometime in the early morning we moved to sit in front of my fireplace. Soon after we began kissing it was clear to me that Ashley wanted to have sex. That was fine with me, but I wasn’t sure how much longer I would be able to stand this mixture of pleasure and pain. I was so incredibly horny that I had an agonizing case of the blue balls syndrome. I’d had that a few times before when I was too horny for too long, but this case was far worse and everything from my thighs to my abdomen and back were hurting so much that I couldn’t concentrate on anything else. The pain just worsened as Ashley began massaging my genitals. I thought about asking her to stop, but I knew the only thing that would relieve my pain was to have an orgasm. Little did I know how long that would take, and what it would indirectly lead to. But I’m getting ahead of myself.

Ashley began moaning and clawing at my carpet as I caressed her clitoris with my tongue and her vulva with my lips. Her breathing intensified as she began rocking her pelvis back and forth as her thighs clamped around my head so tightly that I was having difficulty breathing. The crescendo toward her orgasm took far longer than I’d anticipated, but I feared that stopping to rest would blow her progression to a climax.

So I kept on licking, sucking, and stroking as she begged, "*Yes! Just like that! Don't stop, don't stop, don't* . . . ."

Her words were muffled as her legs tightened around my head. She shuddered a few times, and then relaxed. I kept on licking because I've never been able to tell when a woman's orgasm is completely over. After several seconds she said, "I want you inside me."

I will never forget the sensation of entering her. I am certainly not a novice when it comes to sex, but I had never felt a vagina like hers before. I don't know how to describe it other than to say that it felt like thick, warm silk. As I stroked back and forth, I was transfixed by my unprecedented pleasure. And pain. By now, my testicles and everything within a foot of them felt as if a truck were sitting on them, but the delicious sensations of her vagina wouldn't let me stop. Even though I was on the verge of orgasm after a minute of intercourse, I somehow kept going for over an hour when we both fell asleep from exhaustion and too much booze.

Over the course of the next few hours, we would alternately wake up and resume having sex before collapsing into each other's arms for a rest that soon became sleep once again. Around 5 AM, she said that she'd had enough for the night and asked me to stop. If I had this to do all over again I'd ask her for 15 seconds more so I could come, but at that time I did not want to test our still-fresh friendship, so I immediately complied with her request and withdrew my penis. She was asleep within a few seconds, and I just rolled over onto my back and regretted not taking advantage of the many opportunities I had to have an orgasm.

I suppose the logical thing would have been for me to masturbate to orgasm, but I wanted to savor the sensation of coming inside her and I knew if I had a climax now it wouldn't be as intense when we did it the next day—as I presumed we would. I tried to sleep but the pain kept me awake, so I snuggled next to her as I wished for a speedy end to the night.

Ashley awoke around 7 AM begging for coffee. As I stumbled out of bed to make her coffee I was gripped by pain so intense that I couldn't even walk normally. She inquired about my obvious distress and was happy to comply when I asked her if I could finish what I hadn't last night. My orgasm was intensely pleasurable, and it was a great relief to release my pent-up pressure. The discomfort didn't abate at once, though, because my testicles were still swollen and excruciatingly tender. Even my spermatic cords—which are normally barely palpable in the inguinal regions—were grossly swollen and felt like rubbery hoses. When I tried to urinate or defecate the pain would spike, but over the course of several hours the swelling resolved and the pain went away. Much to my relief, by nighttime I was able to have sex again without any discomfort.

Ashley and I had sex at least twice per day that week, and sometimes we'd take a "study break" in the afternoon, too. She didn't accomplish much studying because when we weren't having sex we would often cuddle up and talk for hour after hour.

After Ashley left, going back to masturbating seemed about as appealing as eating dog food after having been accustomed to eating at a fine restaurant, so I didn't have any interest in doing it. As I was about to learn, the body doesn't like such abrupt changes in routine. I awoke a week after Ashley's departure with a prostate infection. Ashley wanted to prove that she didn't transmit any germs to me, so she had her gynecologist test her for every imaginable sexually transmitted disease, and all of her tests were fine. A urologist thought my prostate infection was due to the fact that I'd turned my faucet wide open for a week, then slammed it shut—figuratively speaking, of course.

It's now been several years since I've seen Ashley because we live too far apart. Her week-long break to study for her board exams was a one-time event. Now she's busy working, and she has a boyfriend. In some ways I regret meeting her, or at least sleeping with her. It's not because of the prostate infection, either, because I felt fine after taking antibiotics for a few days . . . not a big deal. What bothers me is that I was spoiled by the pleasure of intercourse with her because it was so much more intense than what I feel with other women. I know that sex isn't everything, but after sampling what Ashley had to offer, I just can't be content with the ordinary stuff. The difference is like day and night. Maybe I'll find someone who can give me comparable pleasure, but I'm losing hope. In my quest for an Ashley substitute, I've slept with a few dozen women—the fact that I resemble George Clooney really helps—but I haven't yet found anyone like her. You can publish my story, but I have one request. I am dying to know why Ashley's vagina was so much more pleasurable than others were. Any ideas? Or if you can't answer that, how about this: Is there anything I can do to help a woman with an average vagina become a sexual marvel like Ashley?"

In response, I gave him a copy of my book *The Science of Sex* (www.sexualtips.net), which covers this topic and much more.

When I tell people I'm an ER doctor, I usually get one of two responses. It's either "I bet you see *everything* in the ER!" or "I bet you have a lot of pretty nurses chasing after you." Well, I do see just about everything in the ER *except* pretty nurses. I have worked with a few, but almost all of them were either older or married. Besides that, I've always been leery about mixing business with pleasure.

Consequently, I was still single—*very* single—when I received an e-mail message from a woman named Lynn saying that she found my web site interesting and informative. I wrote back, and we were soon exchanging lengthy messages and talking on the telephone. To say that I was enchanted with her was an understatement even though I had no idea of what she looked like. Normally, I am somewhat picky about the appearance of people I date, but Lynn had such a magnetic personality that I thought I could love her even if she weren't attractive. When I saw her pictures, I was stunned. She had one of the most attractive bodies I've ever seen and a gorgeous face with sparkling eyes, a beautiful smile, and long, curly hair. Lynn said that she had difficulty finding suitable men to date because her IQ was 150 and she was sick of hearing the daffy lines men used trying to pick her up. She was eager to meet me, she said, but she was worried that I wouldn't like her. Why not, I wondered?

The only thing about Lynn that I *didn't* like was her location, since she lived 850 miles from my home. However, I thought she might be the one I have been looking for all my life, so an 850-mile drive seemed like a comparatively small price to pay.

On the day we agreed to meet, I arrived in her hometown around 5 PM, then checked into a motel and called her to let her know I had arrived. She thought it would be difficult for me to find her house from where I was staying, so she suggested that she pick me up and drive back to her place, whereupon we would join her roommate, Monica, and her boyfriend, Jim, in a party.

When I heard the knock on my door, I was nervous but not nearly as nervous as she was, I discovered as soon as I opened the door. At first, she would not even look at me. I asked her if something was wrong, and she replied that she was still somewhat paralyzed by the fear that I would not like her. Finally, after a few minutes of chitchat she relaxed, and then we drove over to her house.

Monica was a scream, and we had a wonderful time talking for hours. Although she wasn't quite as talkative as Monica, Lynn seemed to be immensely enjoying herself as she beamed a perpetual smile toward me. Around 2:30 in the morning, we decided that I should get back to my motel. Monica gave me a warm goodbye hug, and Lynn drove me there. I thought she would just drop me off, but she asked if she could come up to my room. We had agreed in advance that it was far too early to have sex, so I was not sure what she had in mind. I didn't bother to ask, though, because I knew I'd find out soon enough.

Once we were in my room Lynn said that she was still worried that I wouldn't like her, and she said this worry intensified when she realized after meeting me that she liked me even more than she thought she would. She pulled me onto the bed and began kissing me as she

whispered that there was something she had to show me: her breasts. She explained that once I saw them I might not like her, and because she liked me so much she wanted to know as soon as possible if I didn't like her so that she would be spared even more pain if I rejected her after she'd fallen more in love with me. I told her that I was smitten by her—who wouldn't be? She was very bright, witty, and even better looking in person than what I had imagined from her pictures. Hence, I said there was no need for her to show me her breasts so soon, and that they couldn't possibly make any difference. Nope, she insisted, I had to see her breasts *now*, because she had to know right away if I thought she was attractive—as if *that's* the only important thing! She quickly pulled off her top and unhooked her bra, then she rested on the bed as if she were a piece of meat and I were the USDA inspector.

I quickly gazed at her breasts and wondered what all the fuss was about. They weren't especially large, but I'd known that long before she'd whipped off her bra for this impromptu breast expo. I told Lynn, quite honesty, that her breasts were fine and that I thought she was stunningly beautiful. She pulled my right hand and placed it on her left breast. I took that as a hint so I stroked her breasts as I kissed them. Even after all that, she said she feared that I didn't like her.

By this time, Lynn and I were very tired. She asked if she could spend the night with me. I agreed, of course, and we snuggled together and fell asleep.

In the morning it was as if a switch had been flipped in Lynn's mind. She was as cold as ice and her loving gaze from the prior night was replaced with a countenance that told me she didn't care if I lived or died. Her once enchanting speech was replaced with terse comments, and it seemed as if she were trying to project the feeling that her snippiness was richly deserved. I wondered, *what the heck is wrong?* More specifically, *did I do something wrong, and if so, then what on earth was it?*

I asked Lynn if something was wrong, but she was in no mood for a discussion. She said she just wanted to go home, take a shower, and then she'd be back to pick me up so we could return to her house once again before we headed out to have dinner with Monica and Jim.

Flash-forward several hours. After conferring with Lynn on the phone, I realized that her day was still getting off to a slow start. Instead of having her pick me up, to save time, I decided to drive to her place. When I arrived at 4 PM, Lynn, Monica, and Jim were sitting around the kitchen table smoking, looking as if they'd just woken up. And where were the perpetual smiles I'd seen the night before? They stared into space, almost oblivious to my presence, and seemed morose, as if they had just attended the funeral of a best friend. At first I wondered, *is it me?* Or was I just witnessing the effects of garden-variety hangovers? However, once

their nicotine levels were restored, some life sparked back into everyone—except Lynn. She remained sullen. When they left to get dressed, I wondered what might explain her abject mood.

I viewed going to the restaurant as a welcome change of venue that might lift Lynn's spirits and restore some vestige of the pleasantness she expressed the first day. Monica and Jim became more sociable after having a few drinks, and so did Lynn—but only to them. After hours of being treated like a leper, I grew increasingly weary of her giving me the cold shoulder in such an obvious manner that I stopped playing Mr. Nice Guy. I didn't do anything blatant; I just mirrored her icy indifference. Lynn detected this within seconds, and then asked me to follow her. After we sidled over to a relatively private niche in the restaurant, Lynn said, "What's wrong?"

I was struck by Lynn's hair trigger for detecting when I changed my behavior to mimic the crap I had put up with from her today. Definitely an odd behavioral double standard. I replied, "Today, you've been treating me as if I don't exist, but last night you treated me as if I were somehow too good for you. When we fell asleep last night everything was apparently fine, but as soon as we woke up today, you've been projecting anger or apathy or both. Frankly, I don't know why."

Lynn lowered the tone of her voice as if to emphasize what she was about to say. "There isn't a problem," she insisted, interjecting a slight pause between each carefully enunciated word that boiled out of her once-lovely mouth.

"Then why do you act as if there were one?" I asked.

"I'm acting the way I always act around guys," she replied angrily as her eyes furrowed in rage.

"You didn't act that way last night, Lynn."

"That's because I had to find out if you like me. Now I know you do."

Those 850 miles were now beginning to come into perspective. In more ways than one, I was a long way from home, and where I wanted to be. Had I been closer to home I would have headed for the Canadian border in a split-second, but it was too late in the evening to make such a long drive back. Besides, I'd already paid for the night at the motel, and Lynn wanted to have breakfast with me at a pancake house so we could talk more.

I was guardedly optimistic when we met the following morning, but I soon realized that my psychiatric skills weren't polished enough to sort through this morass and somehow make it better. Lynn explained to me that her ice cube personality resulted from the fact that her Dad, now departed, refused to give her any physical affection. If she tried hugging

him, Lynn said he would push her away and manifest obvious discomfort. After that occurred a few thousand times, it is no wonder that Lynn had what psychobabbleologists would term “intimacy issues.” I felt sorry for Lynn, really sorry, because I knew she was facing a life in which she would miss out on so much. I tried reasoning with her that her Dad’s foibles were in the past and that I wasn’t anything like that. “That’s just it,” she said. “You’re warm, caring, and expressive. I want someone who treats me like my Dad did.”

As I toyed with my blueberry pancakes, for a fleeting moment I wondered if I could feign such disaffection with her so that we could get along, or at least have some measure of a twisted relationship. No, I concluded, it’s not worth it.

Then I noticed her clothing. On the first day, she wore a black blouse, black sweater, black skirt, and black stockings. The second day, black, black, and more black. Ditto for today. I asked about this, and she said that *all* her clothing was black. Such an affinity for black is not a preference; it is a sign of depression.

When I reached the border, the customs officer asked me why I’d traveled out of the country. Hmmm, did he want the short version or the long version?

My female friends were eager to dissect what went wrong. The most common opinion was that our relationship was doomed by something besides Lynn’s problems with her father. According to my friends, I blew it when I did not try to have sex with her the first night. I was told that if a woman invites herself into your bed and shows you her breasts, *she wants to have sex*, period, regardless of any prior agreement. “She wanted you to really want her, and to show it,” one friend explained.

Wanting her wasn’t the problem. I wanted her, alright. Her beauty was enticing enough, but her copulins were in a league of their own. *Copulins* are a class of pheromones that stimulate the desire to copulate, as the name suggests. As I discussed in *The Science of Sex* (www.sexualtips.net), women differ in their copulin production. The copulins from Woman A might be enough to make men passionately desire her, but the copulins from Woman B might make men yawn and ask, “What’s on TV?”

Research suggests that the heightened attraction evoked by copulins is more apt to benefit women who are less attractive than women who are very attractive. Presumably, men are so revved up by just looking at gorgeous women that adjunctive attractants such as copulins elicit relatively little additional appeal. Since copulins do more to enhance the appeal of women who aren’t stunning, in effect they decrease the importance of optical attractiveness and hence help level the playing field in the competition for men. Of course, that does nothing to help

women who are shortchanged in both appearance and copulins—unless they do things, as I explain in my book, to enhance their copulin production.

Back to Lynn. Brain? Check. Beauty? Check, check. Copulins, check, check, *check*. Did I want her? Intensely! However, besides our "no sex right now" pact, she confided that she had sex once and "hated it." Her partner was probably one of those men who doesn't know where the clitoris begins and ends (actually, very few men know the latter, as I mentioned in *The Science of Sex*). I knew that I knew much more, but I felt that she needed more than technical ability and a willing tongue; I thought that she needed time, patience, and a solid relationship before going further.

I think there was a grain of truth in the post-date analysis provided by my friends, but I still believe that Lynn's pendulum of affection swung too far that first night to be explained solely on the basis of disappointment over one night of no sex. Black, black, black.

Three years after my nightmarish encounter with Lynn, I turned my computer on and found the following message in my inbox:

Hello Doctor,
I find you amazingly intelligent. Your inventions are incredible! I just want to let you know that you have a bunch of fans in nursing school here in Washington.
Tracey

Tracey attached some pictures of herself. I was captivated by her exquisite beauty and warmth, so I wrote back. We clicked so well that I considered moving there (she had a child and couldn't move), but I had just moved and was so weary from the six months it took to pack and unpack that I couldn't stomach the thought of doing it again so soon.

People who are single (like me) are sometimes single because they pass up too many chances that they may never get again. If I could relive this opportunity, I would have gone to Washington. I attempted to contact Tracey a few months later, but her e-mail address was no longer working. I had a chance, but blew it.

I doubt that many readers will find this story inherently interesting, but I included it in the hope that some of you may learn from my mistake:

Opportunities like this happen once in a blue moon. If something similar falls into your lap, don't pass up that chance!

Want to see some of my inventions? I have pictures and descriptions on one of my web sites.

I think it is fairly easy for a doctor to meet people to date just by mentioning his occupation, but oftentimes the type of people who want to date doctors are not exactly . . . well, it's too premature to begin using pejorative terms. I'll just tell another story and let you form your own conclusions.

I met Anna through a personal ad I'd placed in a newspaper. My Mom opined that I could weed out most of the wacko respondents by omitting the fact that I'm a doctor, but at that point in my life I didn't think I possessed any sought-after attributes other than my education and its attendant implications. Hence, I didn't take my Mom's advice.

I picked up Anna in the parking lot of her apartment complex and we then drove to a cider mill for—can you guess?—cider and doughnuts. That was her idea. It's not that I dislike cider and doughnuts, but in my area of the country going to a cider mill in the fall is such a commonplace thing to do on a date that it left me feeling as if we were just following a script. In fact, the whole thing seemed so formulaic that I had to bite my lip to keep from laughing.

The next stop on Anna's agenda was to go to a country store about 70 miles away. Anna bought all kinds of odds and ends, and I bought a pack of Beeman's gum that I thought was extinct when I was in high school.

Anna then directed me to go to a farmers' market so she could stock up on fresh fruits and vegetables. I wasn't biting my lip any more. What seemingly began as a date, albeit a contrived one, had now degenerated into a session in which I was an unpaid taxi cab driver ferrying her around on her weekly errands. I couldn't detect the slightest clue that Anna was attracted to me, which I attributed to the fact that Anna was a knockout and I was not.

When I pulled into Anna's parking lot I thought I'd just drop her off, but Anna wanted to continue our tepid conversation that had filled the day. Suddenly and without any logical preface, Anna said, "Well, aren't you going to *kiss me*?"

Her request surprised me because she hadn't revealed the slightest interest in me during the course of our date, but she was beautiful and

I'm a guy, so I kissed her. She began talking about another subject and then shifted gears out of sequence once more, saying, "Aren't you going to kiss me again?"

While kissing her the second time, I wondered if I had missed something. Had this date not been as lackluster as I thought it was? Who knows?

After Anna collected her purchases from my trunk, she coolly said "call me" and then walked toward her apartment.

Over the course of the next two weeks, I memorized Anna's answering machine message as I left several unanswered messages. Instead of being brief as I had been with the others, while recording the last one I told her that it was now clear that she wasn't interested in me, but I was mystified by why she wanted to kiss me and . . . .

"*What?*" She'd been screening her calls and had now picked up the phone, screaming into her receiver, "*How dare you suggest that I'm not interested in you! How dare you! I* ***am*** *interested in you!*"

Wondering if her prescription had run out, I asked, "Then why didn't you return any of my phone calls? And why were you screening this call?"

"I've been busy, that's why."

One of the things I learned about her on our date was that she worked 40 hours per week for some perfume company training perfume counter girls how to sell more perfume. I'd been working about 80 hours per week in the ER, and somehow I had time to call. I did not mention any of this, naturally, but I wasn't buying her excuse.

"Anna, I must be honest with you. Until you asked me to kiss you, I didn't think you were interested in me. However, you did ask me to kiss you, and you did tell me to call. So I called you, but the fact that you didn't return any of my calls . . ."

"Look, I *do* like you, I'm just too mad to talk right now. I'll call you later." Click.

She never called, and I didn't bother to try again. Great bod, pretty face, questionable sanity, no pizzazz, and no copulins. Pass.

Anna was a classic example of the *beautiful woman syndrome* (described on www.bwsyndrome.com). Like many attractive women (not all, obviously), she had a lackluster personality, lackluster intellect, and a firm belief that her looks justified her bitchiness. If a woman with average appearance were to behave in an equally contemptible manner, most men would dump her in a heartbeat. But what do guys usually do with hot women like Anna? Relentlessly chase them, no matter how rude or

boring they are. This provides the hotties with very little incentive to change. So, predictably, they usually don't.

A 24-year-old woman, Jenny, was sent to the ER from an Urgent Care Center (UCC) because . . . well, because the Urgent Care doc was a wimp and did not want to diagnose anything more serious than a hangnail. That UCC was affiliated with our hospital, so I couldn't call him up to complain—nor would I want to, in this case. Jenny had a model-like face and a body that made most aerobic instructors look like couch potatoes. She smiled throughout her stay in the ER, and she was so pleasant that I couldn't help but smile, too.

I sent Jenny a homemade get-well card. You're probably thinking that I made such cards only for hot young women, but the vast majority of the cards I made were for kids I'd seen in the ER. I also made quite a few cards and presents for elderly people who tend to not receive very much attention.

About a week after I sent the card to Jenny I was thrilled when I opened my mail box and saw a yellow envelope with Jenny's name on it. Inside was a card that read:

Kevin,
I just wanted to thank you for the unique card. It was so nice of you to think of me.
Thanks for all of your concern.
If you ever want to check up on me, here's my phone number ~ 555-1212.
Thanks again,
Jenny

What doctor wouldn't want to check up on a patient like that? I'd called to check up on people who had the personalities of pit bulls, and Jenny was one of the most pleasant patients I had the pleasure of meeting. The quacky UCC doctor had scared the wits out of Jenny by telling her that her problem could be life-threatening, but it was obvious to me that her problem was nothing to lose sleep over.

I called Jenny and we had a lively and enjoyable discussion. I found out that she was doing fine medically, which was no surprise to me. Jenny

wanted to see me again, so we made plans for the following Friday evening. I gave her directions to my home, but in retrospect I should have offered to drive to her place since she lived about 40 miles away.

Our date, if you want to call it that, was pleasant but not the slightest bit romantic. The main topic of conversation was her parents' failing marriage that was marred by the fact that her father used his wealth as a means of controlling her mother. It was clear to me that Jenny truly resented this form of enslavement. I should have listened more intently.

When Jenny was touring my home she adored one of my small table lamps, and that caused a light bulb to go off inside my head. My bright idea, which later proved to be anything *but*, was to buy her an identical lamp and give it to her the next time we met. The lamp was very cute but surprisingly inexpensive, so I didn't think that this would be anything more than a friendly token.

Oh, was I wrong. After purchasing the lamp the next week, I told Jenny about it during a phone conversation. That instant marked the end of our relationship. At the time it baffled me, but I later realized that Jenny probably assumed that my buying her a gift was the first step down the road to me using my money to control her. Just like her father did with her Mom. Oops.

In hindsight, I should have waited until Jenny knew me better so that she would have known that my presents don't have strings attached. For example, I gave a precocious youngster who was avidly interested in medicine an expensive electronic stethoscope/phonocardiograph[18] I'd designed and made that incorporated a digital filter and an audio processor that made its sound output more apparent when it was used in noisy environments. In comparison, Jenny's lamp was a mere trinket, but it probably struck her as too much too soon.

While eating lunch with Denise, an ER nurse who'd been my friend for years, I mentioned to her that I was thinking about asking Lindsey, another ER nurse, for a date. "I don't think you should, Dr. Pezzi. She's not your type."

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[18] A phonocardiograph is a device that graphs heart sounds, and an electronic stethoscope—as you may have guessed—amplifies cardiopulmonary sounds. On one of my web pages (www.erbook.net/stethoscopes.htm), I have pictures and descriptions of some of the medical gizmos I've made.

I didn't say anything but I wondered why she thought that, and I wondered if she knew something that I did not. The smart thing would have been to ask Denise to elaborate on why I should avoid dating Lindsey, but I just assumed that Denise was referring to Lindsey's tendency to be a bit daffy at times. Just like me, I thought.

Lindsey was a classic beauty, sort of like a young Catherine Deneuve, so I was surprised when she so eagerly and enthusiastically accepted my offer for a date.

On our first date, we met in her new home. Technically, she wasn't supposed to be living there since it wasn't yet completed and granted a certificate of occupancy. Nevertheless, the house was 95% complete and was safe even though a building inspector had not yet deemed it as such. I was impressed to learn that Lindsey designed the home and did a lot of the work in building it.

After eating dinner we hugged and kissed in front of her fireplace, but I had to leave shortly after 10 PM so that I could start work at 11. I was reluctant to go and I toyed with the idea of calling in sick, but I thought that I'd have a chance to continue this on a subsequent date.

By the time date #2 rolled around I'd moved up north but was still commuting to that area to work—and to see Lindsey, of course. She greeted me with a big hug on the porch of her home and I gave her a few presents, including a loaf of blueberry bread that I'd baked before leaving my home about three hours ago.

Our date was uneventful until Lindsey decided that she wanted us to watch a video in her bedroom. Considering her many charms, this was an offer that even Dr. Laura's son probably wouldn't refuse.

I attempted to watch the movie, but I was so distracted by the sensual way Lindsey was snuggling up against me that I couldn't concentrate on anything but her. Lindsey said it was too soon to have sex, which made me wonder how she behaved when she *did* want sex.

Lindsey asked me to hold her in my arms as we fell asleep. I strove to do that, but I couldn't. It *is* possible to fall asleep next to some women without first having sex, but Lindsey was not one of those women. Try as I did, I could not get to sleep. After two hours of unsuccessfully attempting to ignore my libido, I told Lindsey that since I couldn't fall asleep I decided to drive home. I pulled in my driveway just as the sun was coming up.

Date #3 never materialized. When I called Lindsey a few days later she told me how she had been debating for the past few years whether she should accept a marriage proposal from a "never take no for an answer" suitor named Eric. Lindsey explained that she wasn't attracted to Eric

because he was portly, but she mentioned that he was a chiropractor and thus would be a good provider. *And wouldn't I?* And I'm not fat!

Ah, the limitations of logic. From what she said, it seemed to me that I'd been written out of the equation long before our first kiss. So why on earth did she want to date me? I still don't know. Should've listened to Denise.

Have you ever considered why your doctor chose a particular prescription drug for you? While there are many factors that influence drug choice, one of the reasons may be that your doctor was enchanted by a beautiful drug rep, or pharmaceutical representative as they are more properly termed. Drug reps are salespeople hired by pharmaceutical companies to extol the merits of their drugs to physicians. One of the primary problems that drug reps face is this: how do you get a busy doctor to take time out of his day to listen to what amounts to a 15-minute advertisement? Drug companies combat this resistance by giving their reps trunkloads of trinkets to give to doctors such as pens, notepads, penlights, and all sorts of gizmos that are emblazoned with drug names. However, physicians quickly become inundated with such stuff. Once that happens, how can a drug rep get her foot in the door? Drug companies have spent oodles of money figuring out what works and what doesn't, and one thing that definitely works is to hire beautiful drug reps. Not surprisingly, most doctors listen with rapt attention to gorgeous drug reps, and if that rep happens to be carrying a free pizza . . . well, who could resist?

I suppose it is fair game for pharmaceutical companies to use sex as a selling tool because that tactic is widely used in most other industries. However, some drug reps are not content to merely use their physical appearance to get doctors to tune in to their message. As an added enticement, some reps blur the line between professional and personal interest by flirting with doctors in subtle and not-so-subtle ways. For example, a stunningly attractive drug rep asked me if I would like to go out with her to dinner. Cleverly, she never gave a hint as to what inspired her to ask me out. Instead, she just left that tantalizing little secret to me and my imagination—which, like the imagination of most men, works in a rather predictable way.

From what I've heard from a few of my colleagues, some of the more zealous drug reps skip over subtle behavioral modifiers such as dining out and instead head straight for the bedroom. Since men have been enticed to commit treason in return for sleeping with ravishing women, it is not difficult to appreciate how seduction could influence a doctor to choose Antibiotic A instead of Antibiotic B.

If you want to read more about drug reps and hanky-panky (and more serious topics, too), go to my www.erbook.net site and perform an "exact match" search for *drug reps* on this page: www.erbook.net/search.php

From Steve, an emergency room physician:

A few months ago, the ER in which I work hired a nurse so beautiful I would work for free just to be around her. Kelley is 24 years old and has long, shiny blonde hair that seems to sparkle subtle hues of different colors. She isn't particularly well-endowed, but other than that she looks better than most movie stars.

Needless to say, I didn't waste any time in chasing after her. After I asked her for a date and she accepted, I bought Kelley a gold necklace for Valentine's Day and gave it to her one day at work. When she opened the present she acted as if she wasn't very surprised, or perhaps as if she expected something more expensive. It must be nice to be born beautiful and have people shower you with gifts just because of your appearance.

I should have taken that as a hint that Kelley was an impossibly stuck-up jerk who'd been spoiled by getting too much too easily, but I still held out hope that things might work out. That hope didn't last too long, though. On the scheduled day of our date, I drove to her home at 7 PM as we'd agreed upon. Kelley's Mom answered the door and seemed surprised when I told her why I was there. She said, "I didn't know Kelley had a date tonight, but I'll get her up. She is sleeping right now."

Great, I thought. A minute later Kelley's Mom told me that she was getting ready, and that she would be out in a few minutes. I felt uncomfortably out of place as I stood in the kitchen as Kelley's parents resumed talking to one another as if I weren't present.

About 15 minutes later Kelley walked into the kitchen. "Hi, Steve, I didn't know we had a date."

After going through medical school, I'm fairly confident that I can memorize and keep straight in my head all sorts of trivial facts even if they aren't particularly interesting to me. A date with a goddess is *not* something I'm going to get confused. And Kelley was telling me that not only did I get the date wrong, I somehow imagined that we had a date even though we never had one. No way!

It was obvious to me that she probably thought less of me than the dirt she walked on. We had definitely discussed what day and time I should

pick her up *and* she'd given me directions to her house. Gee whiz—I had the map she drew for me in my car! Clearly, we'd had a date.

I told Kelley, "We discussed the date, time, and directions to your house."

"Yeah, but I never thought you'd really show up."

I wondered what made her think something so goofy, so I told her the fact that we hadn't canceled our date is what led me to believe that we still had a date. She responded with a circumlocution about how she was saving up to buy a condo, and how she wanted to go back to school, and then—finally!—something that seemed pertinent. "Steve, I can't believe that you think I'd date you."

Now she seemed to be saying that we'd indeed discussed the date but that it somehow did not count since she was clearly too good for me. Well, if she didn't want to date me, all she had to say was "no" when I asked her out. I know that it is easy to say because plenty of women have told me that.

I did not see any point in going through with the date, so I went home and watched a movie.

A few weeks later Kelley and I were working together in the ER when a big-name rock star came in complaining of a toothache. I suspected he was faking it just to get a narcotic prescription, but I gave it to him anyway because I didn't want a celebrity to write a complaint letter to my boss.

After the rock star and a couple of kids with ear infections were discharged, the ER was quiet for a few hours so that gave me time to think about what Kelley told me on the night of our date. I decided to write Kelley a note:

Dear Kelley,

You are the most beautiful woman I've ever seen. I enjoyed talking to you, and I'd like to get to know you better. Will you please meet me for a drink at the Lakeshore Inn this Saturday at 6? I can't wait to see you again!

I mailed it to Kelley c/o the ER, but I didn't sign my name. Instead, I signed the rock star's name.

The following Tuesday Kelley and I were working together in the ER. I told her about how I'd helped my brother move into his new house over the weekend, and I asked her what she'd done.

"I got stood up."

"*You* were stood up? Who would do such a thing to you?"

"Remember that rock star with the toothache? He sent me a note saying that he wanted to meet me for a drink. I waited four hours, but he never showed up."

The person who submitted the above story sent it to me by e-mail with the following request: "On your web site you offer a free book to anyone who submits a story that you use. If you use my story, I want my free book sent to Kelley. Her address is _____. Please stick a note inside asking her to look at whatever page my story is on. Thanks!"

No problem, Steve. I am always happy to help women with the *beautiful woman syndrome* (described on www.bwsyndrome.com) gain insight into how their behavior affects others.

Amy walked up to me in the ER and handed me a note, then said, "I can't talk about it here, but when you read the note you'll know. I've got to get back to work, but I'll call you later."

Amy worked in the human resources department of the hospital and I'd known her for a few years. I thought that she was very attractive but my shyness prevented me from doing anything other than occasionally giving her a furtive glimpse as she was eating in the hospital's cafeteria. I told myself, for the umpteenth time, that I had waited too long when I found out that Amy married someone. However, I recently heard that she divorced him. Was this note what I was hoping for?

Nope. Amy wrote that her ex-husband, apparently distraught about their divorce, attempted suicide and very shortly would be arriving in the ER via ambulance. Since he also worked at the hospital, she was concerned about a scandal so she asked me to do everything possible to keep this case hushed up. OK. It wasn't even close to what I had wished for, but I am always happy to help out a co-worker.

Later that day Amy called as she said she would, but our conversation was brief and was limited to her ex-husband. Therefore, I was surprised when she handed me another note a few weeks later:

Kevin,

Just a quick note to say hi!

☺ Amy

It didn't say much, but it did not leave much to the imagination—or at least *my* imagination. Unless I was dreaming, it seemed to me that Amy was letting me know that she was interested in me. I'm sure that Emily Post's book of etiquette never addressed the subject of what is the proper tone for a "Thank You" note after an ER doc helped a woman keep secret her ex-husband's suicide attempt, but I cannot imagine that this is what Emily would suggest.

A person does not stay single as long as I have without passing up a lot of chances, so I did what I usually do: nothing. Amy evidently realized that she needed to be more direct, so she came to the ER so that I could check her. I can't recall what her supposed problem was, but it was so flimsy that I knew her true intent. As she was leaving she asked me to call her, so I did.

When we spoke on the phone, Amy suggested that we lie low for a while until her ex-husband's suicide attempt was comfortably in the past. That sounded like a good idea to me, too.

In due time, Amy suggested that we get together, but stressed that the meeting should be brief. She wanted the meeting to seem casual in case anyone from the hospital happened to see us together, because she didn't want any tongues wagging. Meeting in private at one of our homes would have been a good way to avert that possibility, but instead of thinking, I just went along with her suggestion to meet at Chuck E. Cheese's® with her young son. I brought along a large bag of stuff for her, including a digital ear thermometer. She told me about the difficulty she had taking her son's temperature other ways, so I thought that it would be a useful gizmo to have on hand.

I felt strangely ill at ease during our meeting. It occurred to me how incredibly open that place was; if she wanted privacy, it wasn't the place to be. My misgivings about this date were compounded by the fact that her son accompanied us. I love kids and truly enjoy interacting with them, but not on first dates. Then her son sneezed in my direction. That's it, I thought. Time to go.

A few months later, I sent Amy a copy of my first book, *Fascinating Health Secrets* (www.erbook.net/fhsmain.htm), which is a collection of health tips. The post office eventually returned it to me after she failed to pick it up. She couldn't have known that it was a book and she may not

have known that it was from me, but the fact that she didn't retrieve her package gave me the opportunity once again to do what I usually do. Nothing.

Here's a story from Jeff, an ER doctor who describes how his world was unexpectedly turned upside down in the middle of a routine case.

I was treating a 32-year-old guy named Cliff last Tuesday on the afternoon shift after he was involved in a car accident. There wasn't anything seriously wrong with Cliff, but he had several cuts that required suturing. While I was sewing him up, he asked me to call his girlfriend to let her know that he was in the ER and when he'd be discharged since he needed a ride home. I told him that we would take care of it and I continued suturing. A few minutes later Cheryl, the head nurse in the ER, passed by his cubicle so I asked her to call Cliff's girlfriend because I knew that by the time I finished with him it would be at least another half hour or so. Cheryl asked Cliff for her name and phone number, and she jotted that on a notepad and left to call her.

Within a split-second, it seemed like a million thoughts were racing through my head. I removed my gloves and told Cliff I would be back in two minutes to finish repairing his wounds.

I quickly caught up with Cheryl and told her that I'd call Cliff's girlfriend so she was free to relieve the triage nurse. Cheryl handed me the paper, but I didn't need it. I already knew her number very well, since I had been dating her for a few months. Here's how our conversation went:

Girlfriend: Hello?

ER Doctor: Hi, this is Dr. Jackson. I'm calling from the emergency department at Lakeshore Hospital.

Girlfriend: *Jeff?*

ER Doctor: Yes. I am calling at the request of your boyfriend, *Cliff*. He asked us to call you to let you know that he is a patient in the ER and will be discharged in about 30 minutes.

Girlfriend: Wait, Jeff, I can explain . . .

ER Doctor: Cliff needs a ride home and he would like to know if you could pick him up. Can you?

Click. She hung up, and Cliff had to take a taxi home.

You meet someone. You really like her, and you wonder just how much she likes you. You'll find out, some day, somehow. But when? Well, it never crossed my mind that I would find out while doing a physical exam in the ER.

I had been dating Natalie for a few weeks, and we'd had a good time together. She seemed to be quite interested in me, but she did not exhibit any romantic feelings. I'll just bide my time, I thought.

On one of our dates, Natalie told me about her back problems. She was hoping for compensation for her back injury, but her attorney said that she needed medical verification and Natalie hadn't yet found a doctor who would say that her injury amounted to much. Natalie suggested that I examine her in the ER so she would have an official record. I was too dumb to realize that I was being suckered, so I agreed to check her.

After I completed the exhaustive documentation of her history and physical, Natalie had another request: would I examine her breasts? I *was* interested in her breasts, but I didn't want to *examine* them. And certainly not in an emergency room. Why was she asking me to do that? Whatever she wanted, even if it was just a breast exam, I knew that this could mean but one thing for me—that she had no romantic interest.

"Well, will you?" she asked again.

I realized that I'd been silent. Didn't she know that this was an odd request for a supposed friend, even if he was a doctor? Didn't she realize how awkward it must be to be dumped during the middle of an ER visit? But the game was over, and I'd lost. No use groveling. "OK, I'll do a breast exam. I will have a nurse step in as a chaperone."

I never saw Natalie again.

I am sure there are many doctors who are similarly used and then unceremoniously dumped. A few years ago, a plastic surgeon grumbled to me about how his girlfriend broke up with him after he performed several cosmetic operations on her including breast augmentation, liposuction, and a nose job. "You should have seen her, Pez. She was attractive to begin with, but at the end she was a knockout."

"Were you charging her for the surgery?"

"Of course not. I was sleeping with her."

I then told the surgeon about my experience with Natalie, and he asked me if I felt cheated. "Not really," I answered. "I don't think she got what

she was after, which seemed to be a medical evaluation to substantiate her back injury. Since I wasn't willing to testify on her behalf, I don't think the evaluation did much to further her legal case. I'm sure that Natalie's attorney asked her how she got me to examine her, and when she found out I think the attorney realized I wouldn't be very eager to present Natalie's findings in a positive way. Good-bye back injury and big settlement check."

"She should have strung you along until the case was over."

"I think she may have intended to do that, but she made a further mistake."

"What was that?"

"I called her a few days after the freebie exam, and her boyfriend answered. I asked to speak with Natalie, and when she came on the phone and realized who I was, she immediately knew the jig was up and hung up."

Many people are curious about whether physicians are attracted to patients of the opposite sex. It's possible, but it doesn't happen as often as you might imagine, especially in an ER. Attractive women are as rare as dodo birds in emergency rooms. After a decade of ER work, I can recall having had less than a dozen attractive female patients. Considering the countless thousands of patients that I've served, this fact is truly amazing and deserving of formal study. A considerable amount of money is spent every year on the research and prevention of accidents, yet I've never seen anyone look into the reasons why attractive women seem to be virtually immune to diseases and accidents that might cause them to need emergency medical treatment. An intriguing phenomenon, to be sure, but perhaps I am skirting the issue (pun intended).

Assuming that a single, attractive woman *did* show up in the ER, would I ask her out for a date? No. If she wanted to date me, she would have to be the one to do the asking *and* she would have to be content with a platonic friendship until I could trust her implicitly. In all my years of training, no professor or sage mentioned whether it is permissible to date someone that you met in the ER[19]. Lacking the ability to learn by

[19] However, I watched a television program several years ago in which a medical student met a stunningly beautiful woman in the ER when she cut her hand. As chronicled on the program that followed them over a period of years, the two began dating and were eventually married. Since the producers of that

osmosis and fearing the medical Gestapo, I feel more comfortable avoiding this matter altogether. Relying upon common sense, it seems to me that it is obviously taboo to date women whose medical care required an intimate exam, such as a pelvic exam. On the other hand, I see no reason why a woman with a finger cut should be subject to the same exclusion. ER doctors who work in small towns will, sooner or later, treat almost everyone in the area. If all women patients were perpetually off-limits, such ER doctors would either have to marry early, forgo marriage, or get a mail-order bride. Some choice.

Off to see my next patient. Walking into the room, I was struck by the incongruity of her presence. She was beautiful, and somehow she managed to penetrate the invisible force-field that seemingly keeps attractive women out of emergency rooms. Her silky, slim, and tanned legs were enticingly framed by shorts that were, well, short. As I walked toward her left side, her lithesome trunk twisted in synchrony, tugging at her shirt, exposing a taut abdomen that had obviously never seen the bottom of a bag of Cheetos®. She tossed her head back, sending hundreds of curls dancing in a sensuous swirl. Her eyes gleamed with libidinous ardor, and she flashed a smile that was friendly, yet inviting. She wasted no time in announcing that she was single, which led me to conclude that she was half-blind and had mistaken me for Tom Cruise. She came to the ER because she accidentally cut her hand with a knife, and when I moved in closer, I knew why. Her breath reeked so strongly of alcohol that my eyes began to sting.

Now I knew why she came to the ER. Sure, the obvious reason was because she cut her hand, but the ultimate reason was her intoxication. I always try to figure out the ultimate reason why people come to the ER because sometimes the ultimate reason is far more important than the face value reason. In this case, the ultimate reason was very apparent, but in many cases it is so cloaked that even the patient may not know it. In any event, I have spent a lot of time thinking about *why* people go to the ER. While contemplating this, I've been struck by how infrequently beautiful women need emergency treatment. After a decade of ER work,

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series surely would have reported if the medical student were sanctioned for dating a patient, I concluded from the absence of any penalty that such personal interactions with patients are permissible in some cases. Years after I blew several other possible relationships, I looked into the ethical and legal guidelines pertaining to romantic relationships between physicians and patients, and found that I had been overly cautious. Caution is great, except when you're blowing chances that you'll never get again.

I can recall having had less than a dozen attractive female patients. Considering the countless thousands of patients that I've served, this fact is truly amazing and deserving of formal study. A considerable amount of money is spent every year on the research and prevention of accidents, yet I've never seen anyone look into the reasons why attractive women seem to be virtually immune to diseases and accidents that might cause them to need emergency medical treatment. I certainly don't have all the answers, but I can suggest some explanations.

There's recently been a lot of hullabaloo in the press about the link between beauty and genetic superiority. The upshot of this research is that beauty is, if nothing else, a marker for good genes that confer a host of desirable traits, not just skin-deep beauty. If this theory is indeed true, then it may offer a partial explanation for my empirical observation that attractive women rarely need treatment in an ER. There are certainly more mundane explanations, but they alone cannot explain this phenomenon.

If you're a beautiful woman and you've actually been a patient in an emergency room, I'd like to hear your story to consider it for inclusion in my web site and next book of ER stories. Burst my bubble of incredulousness and get published at the same time! Send your anecdote to me via this page: www.myspamsponge.com/doctor.php

Interestingly, over five years after its inception, only five women who opined that they were attractive have submitted stories. Perhaps my asseveration (about there being an inverse correlation between a woman's beauty and the likelihood that she will be a patient in an ER) is not as flip or as baseless as it might seem. Nevertheless, my observation smacks of political incorrectness and—like most conclusions that are true but politically incorrect—it has ruffled some feathers in a very predictable way. After having more feedback on this issue than I ever imagined (and certainly enough to draw statistically valid conclusions), there are five basic groups of responses. Specifically, they are from:

1. Men who work in emergency rooms who've written to say that they've observed the same thing.

2. Women (many of whom do *not* work in an ER) who take umbrage at my observation irrespective of its veracity. If you fall into this category and wish to send me a scathing message, please note that I'm swayed by facts, not pouting.

3. Attractive women who agree with my observation. Such respondents sometimes pass along their conclusions about why a pulchritudinous woman is less likely to be an ER patient than a woman who is not a beauty. Here is a synopsis of just one of these conclusions: attractive women are more likely to have physicians as friends and family members. In anything short of a

true emergency, those women generally prefer to call upon a doctor that they know personally rather than wait for hours to be treated in a busy ER by a doctor who may or may not be fluent with the English language, not to mention the nuances of medicine. The foregoing gray-shaded text was a synopsis; if you want to read the actual message, here it is:

"I am currently reading your book, *True Emergency Room Stories*[20] (which is, by the way, a great read), and I think I might have a viable reason for the disproportionate amount of beautiful women who never visit an ER. Judging from what I've understood from your book, I think by attractive you are referring to the whole package (not a life-size Barbie with a Barbie doll-sized brain). Aside from true life-threatening situations (e.g., MI, stroke, etc.), I feel that what many people would view as an emergency is relative to their degree of education as well as their socioeconomic position (notwithstanding the "dirtbags" you mention early in your book). I also feel that the proportion of beautiful women is very high in the above-mentioned group.

You mentioned that you wondered "why attractive women seem virtually immune to diseases and accidents that might cause them to need emergency medical treatment?" Fairly educated people, with a basic understanding of diet, healthy living and hygiene most probably also have an internist (not to mention a veritable cornucopia of other specialists, as well). Any potential emergency situations are usually identified when they present themselves and are treated—rather than let progress until they actually are emergencies. It's no surprise that successful, well-educated professionals are more likely to get their "pick of the litter" when dating and selecting a spouse (i.e., the "good catch" theory—which I can expound upon later in another e-mail, if you're interested). Their social circles are comprised of other doctors, lawyers, etc. so when so-and-so's wife/girlfriend cuts her hand slicing a bagel, they simply call so-and-so's friend, the plastic surgeon, to meet in his office or hospital to take care of the matter. Attractive, well-educated people avoid the emergency room at all costs. It is the equivalent to grocery shopping in an ghetto supermarket, both because the quality of care is a crap shoot and the element of people that wait the interminable wait alongside of you leaves a lot to be desired.

As elitist as this sounds, it's true. I come from a family of physicians. I personally have never been to an ER as a patient. I don't know any of my girlfriends who have, either. We've been

[20] Available from www.ERbook.net.

lucky enough never to have been involved in serious accidents, but I think you'll agree that many if not most serious accidents involve a degree of stupid behavior. In essence, pretty girls have doctor friends and family. And if you're wondering . . . yes, I am[21].”

4. People who suggest that this phenomenon under discussion is a reflection of the fact that my conception of beauty is more restrictive than that held by other men. The proliferation of “rate me” sites (in which people rate a succession of people's pictures on a scale of 1 to 10) on the Internet has allowed me to scientifically test whether this is true or not. By comparing my assessment to the average rating, I know that my notion of what constitutes beauty is fairly typical. The only time that there is a significant discrepancy is due to the fact that some men evidently think that every young woman who is slender and shows off her belly button or cleavage is automatically a 9 or a 10 even if she's just a skinny young plain Jane. In summary, except for that one exception, my overall assessments are similar to the average scores that are tabulated from thousands of men. Therefore, I offer this as proof of the fact that this “beautiful women aren't ER patients very often” phenomenon is not attributable to the fact that I possess an unreasonably high standard of beauty. Not true. I can walk into a store and see more attractive women in ten minutes than I saw in ten years in the ER.

5. Two people who propounded that ER patients understandably don't look good because of the very problems that caused them to seek emergency treatment. Not surprisingly, neither of those respondents were ER doctors. In my opinion, a good ER doctor should be able to automatically make an allowance for such circumstances and should be able to intuitively see what patients would be, sans the injury or illness. Want an example? Years ago I had a young lady as a patient in the ER after she'd been in a horrific car accident that mangled her face. If most people saw her they would probably wince in disgust, but I was able to instantly realize that she would be very beautiful once her face was reassembled. If I did not have this conception of the endpoint, how else could I have performed the surgery?

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[21] I can vouch for that, because she and I became very good friends. Interestingly, she later offered to set me up on a blind date with one of her friends, Katie Couric . . . yes, the famous one. Although that tidbit may seem unrelated, it does illustrate her point that one’s circle of friends paves the way for potentially useful introductions to other people.

Another point that's even more pertinent to this topic is that *most ER patients do not have emergencies!* If someone sprains her ankle or has a bladder infection, will that degrade her appearance? Of course not. It goes without saying that there is nothing—not even an emergency—that will cause a woman to instantly gain 100 pounds or to develop facial wrinkles that were created by decades of cigarette smoking. Consequently, if I think that such a person is unattractive, it has nothing to do with her "emergency."

6. Several people have written to me suggesting that attractive women must occasionally cut their fingers, thus making them likely to wind up in an ER. First, take a look at the gray-shaded text in #3, above. Now look at my experience. I've performed about every imaginable emergency surgical procedure on thousands of people but I've treated only one attractive woman with a cut finger. It doesn't take a rocket scientist to realize that attractive women often get someone else to do things for them that entail a certain amount of risk. If you've ever taken a college class that explores the nexus between genetics and behavior, you don't need to be told that men trip over one another in their haste to mix their genome with that of beautiful women. Furthermore, there is no shortage of rich men waiting to open up joint bank accounts with women who are very attractive. Thus, such women are more likely to drive safe cars instead of old clunkers with bad brakes, and they are more likely to live in safe neighborhoods in modern homes that have every imaginable safety feature from electrical lines protected by ground-fault interrupters to dishwashers that obviate the need for women to wash dishes manually. And how many gorgeous women toil in dangerous factories or other perilous jobs? Is there even *one* such person in the entire United States? Incidentally, feel free to *not* treat that as a rhetorical question.

While I haven't given this matter a lot of thought, I can offer another reason (in addition to the factors discussed above) for why this phenomenon is operative. Let's begin by taking a look at a list of behaviors that are under an individual's control:

- Smoking
- Drug use
- Alcohol consumption
- Poor diet (consumption of junk food or excessive caloric intake, or both)

- Excessive consumption of soft drinks (I listed this separately from diet since many people do not think of soft drinks when they think of their diet. However, I've met countless people who consume a substantial proportion of their calories—up to 80%—from the empty calories in soft drinks. Not surprisingly, this leaves very little room in their diets for nutritious foods.)
- Inadequate sleep
- Inadequate exercise
- Risky behavior

It is not a coincidence that people who abuse themselves in the aforementioned ways do two things: degrade their appearance *and* their health, thus increasing the chance that they will end up in the ER. Conversely, people who take good care of themselves are more likely to be attractive and healthy. It is no surprise that healthy people who don't engage in risky behavior rarely have a need to visit the ER.

On my www.ERbook.net site, you can read stories submitted by attractive women, see their pictures, and read the exchanges I had with people who wrote about this topic.

Because of my uncertainty about whether or not it is permissible to become involved with a patient, I'd rather let an opportunity pass me by rather than risk getting in hot water. I will probably regret this trepidation when I am a lonely old man, but it makes it easier to sleep at night. Sometimes, however, I'm caught in a situation I cannot pass up.

Susan and her Mom came to the ER to see a relative whom I'd admitted to the hospital at the end of my shift. I introduced myself and discovered that they were affable and friendly. I was attracted to Susan, who looked as if she were of Swedish descent, but I kept my budding fascination to myself.

After we'd chatted for a while, Susan's Mom told me, "You should ask her out."

I ignored this and went on with our conversation. I wanted to ask her out, but I was gutless. Susan seemed a bit more zestful after her Mom made the first dating suggestion, but also said nothing.

The mother twice more repeated her suggestion that I should ask Susan for a date. Twice more I said nothing. After the third hint, though, Susan

pulled out a business card, wrote her home phone number on the back of it, and told me to call her.

I finally felt as if I'd been given the carte blanche freedom to be a man. None of that emasculated, afraid of your own shadow, walking on thin ice uncertainty of being a doctor interacting with the relative of a patient. I read a copy of the state laws pertaining to the practice of medicine, and they made no reference to any prohibition about dating relatives of patients. Plus, *she* had asked *me* out. It wasn't as if I was the one hounding her for a date, acting like a rabid teenage boy with a one-track mind.

So I called her, and we arranged a date. We went to dinner and then a comedy club. I tried holding her hand during the comedy show, but her hand didn't react. She did not pull away, but she didn't hold my hand, either. Her hand remained totally limp.

The second clue that she was less than enamored came when I was driving her home and I asked her for another date, trying to ignore the not-so-subtle hint of the limp hand that I'd spent the last hour holding. Her response was, "Well, maybe in a few weeks."

OK, I'm not that thick-skulled. "Maybe in a few weeks" is just a euphemism for "forget it, I am not interested." I took the hint, made courteous but aimless small talk, and drove her home. And that was that.

Or so I thought at the time. A few years later, I bumped into her at the mall, and she seemed very pleased to see me. In fact, the warmth of her greeting surprised me. Had I missed something earlier?

She suggested that we get together, and this time we hit it off. She explained that her earlier coldness was not a reflection of her feelings toward me—she really liked me, she said—but a reflection of the fact that she was raped by her older brother in the past. Consequently, she said she had a difficult time expressing her emotions toward men, and was very hesitant to show affection.

My relationship with Susan was going along quite well, at least until I met Courtney. I suppose that most men have had a Courtney in their lives, a woman who can make you forget about your current girlfriend, but a woman whose attractions are too ephemeral to serve as the basis for a satisfying long-term relationship. Men dump their current sweethearts for the Courtneys of the world, and then spend the rest of their lives regretting it.

My romance with Courtney was kindled by a note she handed to me in the ER. Courtney was a nurse in one of the hospital's cardiac care units, and she'd moonlighted in the ER in the past. The note did not say much, but the "Love, Courtney" ending suddenly made me think of her long,

slender legs that I'd been somehow ignoring. We went to an ER Christmas party on our first date, during which Courtney spent the evening sitting on my lap. I was enchanted by her wild and zany personality, which markedly contrasted with Susan's sedate and serious demeanor.

Things with Courtney were going along swimmingly until a romantic snafu developed during a snowmobiling trip we'd taken with another couple. After a long day of snowmobiling, we sat around a fireplace in the lodge and had a drink. Around 2 AM, with my eyelids feeling very heavy, I suggested we hit the sack. Courtney wasn't as sleepy as me, and she said that she wanted to make love. I was hungry for sleep, not sex, but I could tell from her enthusiasm that this was something she really desired, so I agreed. I climbed into bed as she disappeared into the bathroom to "freshen up." An hour or so later she emerged looking like a Victoria's Secret model, but I was so exhausted that I immediately fell asleep.

From Courtney's comments the next morning, it was clear that she was deeply hurt by the apparent rejection, inferring that I wasn't sexually interested in her. I tried explaining that was not true, but she seemed skeptical. With her romantic bubble burst, our relationship took a nosedive.

I should have gotten back in touch with Susan, but I went for a few years without dating anyone. For some time I'd been considering a move to northern Michigan, and I thought it would be pointless to develop a relationship and then move away.

Every so often I hear about a doctor charged with having sex with a patient while she is under general anesthesia or something like that. Besides being nuts for all the usual reasons, such conduct is incomprehensible because it is wholly unnecessary. Given the number of women who are medical groupies, a doctor who wants a little extracurricular action has no need to force himself on anyone.

Still, there are perverts out there. One physician that I know—this is coming from my old boss, so this is hearsay—would sometimes masturbate women during pelvic exams. What on earth was he trying to accomplish by doing that? Did he believe that his fingers had some magical touch that would make women swoon over him? Did he ever stop to consider the fact that 99.99% of women do not want to be fondled by a doctor, and that such depravity could be very upsetting to them?

According to my boss, this character would also “press himself” against women. I never bothered to ask my boss for a clarification of what he meant by that, but I presumed he was trying to entice the women with the size of his erection. Sort of like those free boxes of cereal that arrive in your mailbox. “Here’s a free sample! Now that we’ve enticed you, don’t you want some more?” Kooky.

His earlier actions were just a warm-up for the pinnacle of his depravity. He took a willing patient into the hospital chapel and, apparently in an attempt to preserve the memory of such a precious moment, videotaped himself as he was having sex with her. He may have gone on to bigger and better things, except for the existence of two things: the videotape and a baby. My boss told me this story a few years before it hit the papers and the courts, and I always wondered why someone like him—whose life was dependent upon a veneer of being socially correct—never turned the guy in to the prosecutor.

As an epilogue to this story, I heard that Dr. Stud is now practicing medicine in Saudi Arabia. Since they seem to be rather intolerant of infidels and scoundrels, this seems to be an unlikely refuge for someone with such a lurid past. However, I am sure the Stud Muffin has more in store for us. I’ll keep you posted on my web site, or update his affairs in a future edition of *Love & Lust in the ER*. You can check for an updated edition or sign up to be notified if I release a new edition of this book or another book.

I covered this story in more detail in an interview I did with a student that is posted on my www.ERbook.net site. Here’s an excerpt:

Dr. Pezzi: I used to work with a fellow who was notorious for shenanigans such as taking a patient into the hospital chapel and rigging up his video camera to tape him having sex with her in that hallowed area. My boss told me about that years before the state prosecutor got wind of it, but my boss didn't fire the guy when he learned of that unethical affair.

Ingrid: Why not?

Dr. Pezzi: Who knows? One explanation I heard was because the philandering doc's sons were high school football stars. I found that difficult to believe, but the application of justice is often very uneven in hick towns. What I think is a more accurate answer is that the doc in question was part of the social fabric of that town, even if the fabric were, ahem, stained.

Ingrid: In my government class in high school we discussed the rule of law, and how laws should be uniformly applied regardless of the social status of the offender.

Dr. Pezzi: The rule of law is often a joke. If a police officer pulls over a person for speeding and then discovers that the speeder is his wife, do you think she'll receive a ticket? Almost certainly not. If that speeder were a teenage boy with a nose ring and a bad attitude, a ticket is a virtual certainty. One of my friends has a real lead foot, but she's never received a ticket in her life. Why? She's exceptionally attractive. Surprised?

Ingrid: Not really. Maybe that's why I've never received a ticket.

Dr. Pezzi: That just goes to show that law, rules, and regulations mean different things for different people. Some people *are* effectively above the law.

Ingrid: But the doctor who had sex with a patient in the hospital chapel was eventually prosecuted, wasn't he?

Dr. Pezzi: Yes, but only because he had an overblown sense of his immunity. Had he played it a bit safer, the local yokels wouldn't have turned him in. Actually, from what I know of this case, they never did. I think the state prosecutors learned about it from the newspapers. It certainly wasn't my boss saying "*Tisk*, *tisk*, if you have sex with a patient in the hospital chapel, you can't work in *this* ER!"

I would read a patient's old medical charts whenever possible. All ER physicians should do that, but this is often neglected when the ER is busy. Most of what I read was never directed to my long-term memory for obvious reasons, but I will never forget the notations on a couple of patients.

One of my least favorite patients of all time was able to make a psychiatrist do something that psychiatrists never do: give up on a patient. By their very nature, shrinks are eternal optimists who believe they can reform mass murderers and rapists into pleasant dinner companions. By comparison, dealing with an eccentric housewife should be a piece of cake, right? It should have been, but this woman was so irritating that her psychiatrist figuratively threw up his hands in her chart and announced that her unique blend of grating eccentricity and apathy toward change was more than he could bear, so he refused to continue treating her. My introduction to this patient provided me with one of the most bizarre ER visits of all time; I chronicled that story in *True Emergency Room Stories*.

I probably won't spend much time thinking about medical charts when I am old and gray, but if I do I'm sure this is the chart I will remember. It

saved my skin—perhaps literally. Melanie was a patient I'd seen a few times in the ER who was so cute and friendly that I found her to be almost irresistible. Her first ER visit with me was prompted by a rather nasty automobile accident in which she veered off the road and smashed into a house. If I was ever able to finagle a date with her, I reminded myself to never let her drive.

A few months after I met her, I mentioned that I was planning a weekend trip to a certain town. She excitedly asked if she could go with me. I, even more excitedly, said yes. Her parents, however, said no. Even though Melanie was in her twenties, she still lived with her parents, so she felt obliged to abide by their advice. I didn't know it at the time, but I later learned that her parents—protective as they were—did not know their daughter very well.

A few weeks after I returned from my lonely excursion I saw Melanie once again in the ER. On this visit I needed to look at her old medical records, and what I saw made me realize that Melanie had neglected to mention some aspects of her life that were hardly trivial. One of the minor details that was extensively documented in her chart was her occupation, which consisted of jumping out of a cake at bachelor parties. After she stripped, she would let the men screw her if they had enough money. The doctors who reported these squalid details were concerned because she never insisted that her customers use condoms. Given her long and storied past, the docs direly prognosticated that she was afflicted with every known form of venereal disease and probably a brewing case of the bubonic plague, too.

Melanie, *my* Melanie? Although I have never been to a bachelor party—it's been a dull life, let me tell you—I couldn't imagine that someone would actually jump out of a fake cake and then get it on with a dozen strangers. Especially Melanie, who looked more wholesome than a crystal-clear mountain stream. She'd let a bunch of ruffians desecrate her body? And why wasn't I ever invited?

The one thing I fear more than a winter with no snow is germs, especially when they have an affinity for reproductive organs. Had Melanie accompanied me on the trip, I have a hunch that her comely ways might have lured me into some passion that could have inoculated me with enough germs to bring my dating life to an abrupt halt. I was grateful that I had emerged unscathed from this near-miss with a modern-day Typhoid Mary, and I resolved to be more circumspect in the future.

Here's a rather personal story anonymously submitted by a female ER physician:

Last February a man about my age came into the ER after he slipped in his driveway and injured his hip. I liked him from the get-go because he was intelligent, kind, handsome, and apparently not intimidated by a woman physician. The latter trait is the acid test that causes most otherwise desirable men to strike out.

While I was reading his x-rays, I couldn't help noticing that his penile shadow seemed rather large. (*Editor's note: Although the penis contains no bone, it is still easily discernible on hip x-rays.*) I could feel my cheeks blushing as I thought about how I would look at him, now knowing this rather intimate detail. Even though I am a physician, I am still uncomfortable about sexual matters, which I attribute to my repressive upbringing. I'd made it that far in life and remained a virgin, a fact that would have pleased my parents but was a source of increasing concern for me. I was 32 and wanted children, and the fact that I'd never even had intercourse did not put me on the fast track to motherhood.

As I had feared, I began blushing while explaining to him that his x-rays were normal. He noticed this and asked me if I was OK. I considered giving him a pat answer but I'd learned in a public speaking course that it is often most effective to openly acknowledge your anxiety, so I told him that I was attracted to him. Of course, I did not tell him *all* of the reasons!

To make a long story short, we began dating and we're now engaged to be married. A couple of weeks ago he asked to see his x-rays, so I took him down to the radiology department and showed them to him. Pointing to what was obvious, he said that he now understood why I blushed on the day we met. We are going to name our son—*I'm pregnant, yea!*—Ray, in honor of the x-ray. It's a nice name, and no one will ever suspect anything. I think I've finally shed the shackles of my repressive childhood, wouldn't you say?

This story was submitted by an ER physician who had an unusual reason for working at his part-time job:

I have had a love for tractors ever since I was a boy and I rode them at my grandparent's farm. Now that I'm an ER doctor living in the suburbs, I have about as much use for a tractor as I do for a warehouse full of bubble gum wrappers. I considered buying one just for the fun of it, but I couldn't justify the expense and I had nowhere to store it or even to ride it. The solution to this problem popped into my head while I was buying some trees for my yard at a lawn and garden center. Noticing a "help wanted" sign for a yardman, I spoke to the owner about working for him since I knew that job entailed driving a tractor, among other things. At first the owner thought I was putting him on; I have to admit that it does

seem rather odd for a doctor to work at such a job. However, when I explained my love of tractors he seemed to understand. He told me the job paid $9 per hour to start, but I hadn't even thought about being paid. This was pure fun for me, and I told him I would work for free if I could ride the tractor when there wasn't anything for me to do. He agreed, and I began work the next day.

After I'd been working there a few months an attractive woman customer commented on the scrub suit top I was wearing, asking me if I wanted to become a doctor. When I explained to her that I already was a doctor, she laughed and said, "*Suurrrre* you are!"

I can't say I blame her for thinking that. I wanted to ask her out, so I thought about showing her the copy of my medical license that I carry in my wallet, but I did not want her to go out with me just because I am a physician. So I asked her out anyway, and she said no. Oh well, back to work on the tractor.

A week or so later she came to the lawn and garden center while I was working. I saw her approaching, and I wondered why.

"I am *so* sorry. You really are a doctor," she said.

"How did you find out?" I asked.

"I saw you being interviewed on the news."

I had been interviewed a few days ago by one of the local television stations, but it had never occurred to me until now that she might have watched the interview.

She continued, "So, yes."

"So yes what?" I said.

"So I'll go out with you."

How romantic, I thought. She won't date me because I work at a lawn and garden center, but she will date me because I'm a physician. The words "gold digger" came to mind. "Let me get this straight. You wouldn't go out with me when you thought I wasn't a doctor, but you will go out with me now that you know I am?"

"Yes, that's it."

"Why would that matter? I'm still the same person."

"I can't date just anyone. I have to date someone who is of the same station as me."

"What do you do?" I asked.

“I’m an attorney.”

I wasn’t surprised. “What kind?”

“Corporate law. Not malpractice, so you can relax!”

“I already was relaxed.”

“So will you go out with me, Doctor?” she asked while smiling.

“No, counselor, I won’t.”

She seemed surprised, as if she thought it was inevitable that I would say yes. Looking hurt, she said, “Why not?”

“I already explained why. If you will please excuse me, I have work to do.”

“By the way, I’ve been meaning to ask you. Why do you work here? I can’t figure it out.”

“I love driving tractors. I work here one day a week in exchange for being able to use the tractor.”

“You’re *kidding*!” she said incredulously. “A *doctor* who likes *tractors*?”

“I didn’t know we’re all made from the same mold. Yes, I like tractors. Some guys drool over Porsches, and I salivate over the latest offerings from John Deere. Anything wrong with that?”

“It’s so . . . it’s so *base*,” she explained while grimacing.

“Would it please you if I was now putting on the 18th green at the country club?” Seeing that I was being snide, which I was, she walked away. No great loss.

I listened to Nathan describe the patients he was turning over to me as I came on to work the afternoon shift. “In Room 3 is Mr. Stevens. He had a brief episode of chest pain this morning, which is new for him. His EKG and chest x-ray are fine, and he’s had no arrhythmias. The only thing pending on him is cardiac enzymes. In Bed 6 is Molly Adams, who works here in administration. She attempted suicide by taking . . .”

Beads of sweat popped onto my forehead and lip. He was turning Molly over to me? Shit! *Suicide?*

". . . Valium and Elavil. She had no response to Narcan . . . hey Pez, are you OK?"

"Ah, yeah, I'm fine."

"You're sweating and you're as white as a sheet. You're not coming down with the flu, are you?"

"No, I'm not sick."

"All right. Anyway, that guy with her is her boyfriend . . ."

I wondered, her *boyfriend*?

" . . . but he doesn't know why she did it. She's still stuporous[22], so when her labs are back call Barney—he's on-call for ICU today. Well, that's it. I'm outta here! I hope you have a quiet shift."

Her *boyfriend*? The last time I saw Molly, which was two weeks ago, *I* was her boyfriend. I wondered what impelled her to replace me so quickly. Oh yeah, I recalled, the recording. Suddenly, everything came into focus.

Molly had called me a few months before and left a message on my answering machine. I knew her from work and we had flirted occasionally over the past year, but I'd never gone out with her. Yet. Molly's message said that she was recently divorced and lonely and "I really need a friend right now."

She left her number and I dialed it before my answering machine tape had rewound. Molly was home, and was happy that I called back so soon. She wanted to get together tonight, if possible.

As I hugged her an hour later in my foyer, I realized how wonderful it felt to hug a woman with a great body. Molly wasn't the only one who needed a friend.

So that's how it began. The ending was even more abrupt. No, it wasn't in the ER. In fact, Molly was not even around the second I realized our relationship was over. I was in the hospital cafeteria when I noticed a poster on the wall listing all employee birthdays for January. Oh no, January 21st, three days ago. Her birthday. I'd missed it, and I'd known that it was coming up. The second I realized that, I recalled what Molly told me about how upset she was over the fact that her husband always

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[22] Stupor = a condition of greatly dulled or completely suspended sense or sensibility, such as that which can result from an overdose of drugs or alcohol.

forgot her birthday when they were married. She would never again marry such a thoughtless man, she said. Oops.

I suppose I should have concocted an excuse and called her even though my birthday greetings would have been three days late, but I'm so opposed to lying I would not do it even to save my own skin. I hoped that she would call me and either forget about my oversight or excuse it because we'd been dating for such a short time, but no such luck. Her call never came.

Given that our separation was tacit, approaching her under any circumstance would have been uncomfortable. But in an *ER*, where I was the *doctor*, and she was the *patient* who'd just attempted *suicide*, who was now accompanied by her new *boyfriend*? This was more than an everyday awkward circumstance. My mind writhed as it conjured up all sorts of unpleasant scenarios. If I went over to her and she became lucid enough to recognize me, would she create a scene? Perhaps in her mind I was the callous, insensitive boyfriend who had suddenly stopped calling for no reason. Sometimes a woman who thinks she has been scorned will lash out at the man who snubbed her. Would Molly scream at me, or worse? If so, how would I document this in her medical record? I wanted that to be accurate, but I sure the heck did not want to be personally part of it.

My thoughts wondered back to her answering machine message. Lonely. Needed a friend, *now*. No wonder she'd been in a hurry to find a replacement for me. But why did she try killing herself? Since she'd found a new boyfriend so soon, I knew she was not lamenting the loss of me. Had something happened between them? I was curious, but I certainly didn't intend to ask her. My game plan was to hide behind the nursing desk and hope that she didn't spot me.

Molly's nurse asked me if she were stable enough to transport to the ICU. How the heck did *I* know? Ordinarily, I would check her myself, but *not now*.

"I don't know, Sharon, what do you think?"

"Her vital signs have been fine, and she is more awake now. What do her labs show?"

"They just came back. They're fine."

"OK, can I call report up to ICU?"

"Let me call Barney first."

"Oh, OK. Let me know when we can transfer her."

Three hours later, when I thought Molly was safely tucked away in the ICU, one of the ICU nurses called and asked to speak with me.

“Dr. Pezzi, Molly wanted to know if you’re working in the ER today. Didn’t she see you there?”

“No, Nathan was working when she first came in. She was really out of it when I began my shift.”

“Oh. Anyway, did you read her note?”

“What note?”

“Her suicide note.”

More beads of sweat. “I didn’t know there was a note.”

“Yeah, she said she left it on her bedside table. I guess the paramedics didn’t see it.”

What a miracle, I thought. If a paramedic sees a suicide note, he will invariably bring it to the ER. “Apparently they didn’t.”

“Well, I gotta go. Keep it quiet down there. We don’t want any more admissions.”

I’d heard that phrase thousands of times from hundreds of people, and I thought to myself, *as if I have anything to do with bringing patients into the ER who might need admission!* Well, on second thought, in this case I probably did.

Most of the women I’ve dated may not have been perfect, but they had enough redeeming qualities to make it worthwhile to date them. Except Jill.

As a portent of what was to follow, my introduction to Jill came in an unusual way. As I walked into the ER to begin my shift, Betty, the clerk, said that a woman with a strange voice had just called the ER asking for me.

“Why was her voice strange?” I asked.

“It was as if she were putting on an air of sophistication, to make herself sound really high-class, but it was fake. She left her phone number. You’re not going to call her, are you?”

Partly because of simple curiosity, and partly because of sheer horniness, I called Jill the next day when I was at home. The second she began speaking I realized that Betty's assessment of her voice was on-target (Betty was *always* right), and warning flags began popping up. Her contrived voice was intended to be an enticing blend of intelligence, culture, and justifiable snobbery, but it came off as a pretentiously ersatz and downright phony veneer. Ostensibly, Jill called because she wanted to date me. The real reason, I later learned, was something else.

Jill claimed that she was a Harvard grad and a lawyer, but was currently working as a hairdresser. This struck me as implausible, especially when she had no convincing explanation for why she wasn't working as a lawyer—not that we actually need more lawyers! Another indication that she was a fake came when she mispronounced and misused several words that virtually anyone, and especially a Harvard grad, could use correctly. Some of these malapropisms were so comical that I had to bite my lip to keep from laughing. I asked her a few questions about law, and it was clear that she knew less about law than I did about hairdressing.

Unless people give me reason to believe otherwise, I assume that what they tell me is the truth. Since Jill seemed to be constitutionally unable to speak without lying, I decided to check her out. I called the law school she claimed to have attended and—*surprise!*—they had no record of her. I was not astonished by this revelation.

True to her character, Jill had a simple explanation for this. She said that some man, whom she refused to name, had agreed to pay her tuition in law school with the condition that she attend school under an assumed name. Tell me, Jill, what do the other Martians think about this?

Jill also claimed to be a model. Since she knew I read a certain health magazine, she said that all I'd have to do if I wanted to know what she looked like was to look at one of the ads in that magazine. She was, she said, that model in the ad. Yeah, and I was on the cover of *GQ* last month, too.

Jill made it eminently clear that men were always giving her expensive presents. For an ER doctor, an expensive sports car was not too much to ask, was it? She was what my friend Greg would call a high-maintenance woman, and I figured that her thigh abductor muscles would not operate until I'd given her a good $100,000. I would not stoop to paying a prostitute even when I was 17 and had testosterone bubbling out my ears. Now that I was twice that age and with half the libido, I wasn't about to spend money on such a woman. Undeterred by my lack of interest, she demanded that I lavish her with gifts for at least six months before she would even agree to meet me. Thanks, I told her, I'll pass.

The strain of maintaining such an assumed voice must have been too hard for her, even though she was a Harvard grad. During one of our conversations, she forgot to camouflage her voice and she rattled on in a nasal twang, oblivious to her slip-up—or so I thought. When I asked her about this, she said she decided to discontinue her highfaluting voice since I had not given her any money.

During most of our talks, I heard a man's voice in the background. She claimed that she didn't live or sleep with him, and that he was just a guy who had a crush on her. She said that he did not make enough money to ever have a chance to boink her, but that he was always buying her things, taking her out to dinner, and doing favors for her. He'd begged for sex for five years, she said, but she wasn't putting out. More bull. A thirsty man is not going to stick around a dry well for five years, right Jill? Or is it Michelle? After calling herself by the latter name, I said that I thought her name was Jill. Her confused explanation was replete with so many ums, uhs, and pauses that I didn't know if her name was Jill, Michelle, or something else.

I don't date kooks—well, not knowingly, anyway!—so I wrote her off and went on with my life. Four years later, after I moved to another part of the state, my phone rang. The kook hadn't given up.

Since no money was forthcoming from me, she explained, she decided to fess up. Yes, she lived with that guy. Yes, she was sleeping with him, except that their sexual positions were often made difficult because of injuries she had sustained after falling in a restaurant. She wanted to sue the restaurant, but she couldn't find a lawyer who would take her case. (Now I knew she was lying!) To top it off, she was a diabetic and was half-paralyzed from a stroke. Going blind, too. Given her track record, I wasn't certain if this was the truth or just a change in tactics; perhaps sympathy might make me want to give her money. Not with her.

Speaking of liars reminds me of another one. Jen wrote to me via my www.ERbook.net site. She told me that she was a cardiothoracic surgeon who practiced in New York City but lived in Ohio so that she could look after her bipolar sister-in-law. She also claimed that her family owned the largest steel mill in the United States and was fabulously wealthy. Surely I'd heard of them? Um, no, I hadn't. Given the surplus of cheap imported steel and the well-known plight of American steel companies, I was incredulous.

After talking to her on the phone, I was convinced that the bipolar illness was real, but it affected *her*, not her sister-in-law. She rambled on like someone desperately in need of lithium and said one thing after another

that made me question her sanity—and mine, for talking to her. She seemed to be reasonably intelligent, but not as bright as any of the cardiothoracic surgeons I've known. She also could not satisfactorily explain how she could live so far from where she worked, so I casually asked her a question about cardiac output that could be easily answered by any cardiothoracic surgeon—or first-year medical student, for that matter.

She couldn't answer that, so I knew the bit about her being a cardiothoracic surgeon was hogwash. However, I wondered why someone who wasn't a doctor would lie to one in such a brazen manner that was certain to be exposed? Was it just a facet of bipolar disease, or did her grandiosity have more mundane roots? I thought that she was trying to impress me, but why choose a story that was bound to crumble?

One day my girlfriend Mari came to see me in the ER, so I introduced her to my friend and boss, Greg, who was working in the ER that day. After Mari left, Greg said, "She's a high-maintenance woman, Kevin."

I wasn't familiar with that expression, but I quickly deduced its meaning. I thought about it for a second, and I realized that Greg was correct. Mari was stunningly attractive, and I was not. Originally, I deluded myself into thinking that Mari liked me for my personality and brain, but I was forced to abandon those self-deceptions in light of overwhelming evidence to the contrary. Cerebral topics did not seem to interest Mari in the slightest. Instead, she focused on four things: clothing, who said what at work, who did what at work, and what her cat did last night. I love cats, but there's not much about their behavior from day to day that's fresh and interesting. The other topics put me to sleep. Furthermore, I was never successful in being able to relax when I was around her, since I was constantly stymied in that regard by subtle but unmistakably negative feedback from her indicating that she was not especially fond of the real me.

So why was Mari dating me? Probably because I had something that she did not: lots of money. Mari claimed that she wanted to marry me, but I couldn't detect enough genuine affection to serve as the foundation for marriage. Greg's terse but incisive comment carried the implicit message that I would pay—and pay dearly—for Mari's looks, and I suddenly realized that this would not be a satisfactory quid pro quo. Frankly, I was miffed that Mari couldn't appreciate that I had more to offer than money. Mari certainly wasn't a brazen gold-digger such as Jill, the Harvard wannabe. Nevertheless, Mari was after one thing, and it wasn't me.

I brought another friend to the ER a few years later. Jessica worked as a nurse and was studying to become a nurse anesthetist. If you know much about that specialty, you realize that it takes brains to be accepted into a training program for it. I met Jessica through a personals ad before the era of Internet dating. However, neither of us had any apparent desire to date one another, so a mutual appreciation of brainpower did not seem to be a sufficient spark to kindle romance.

Several months after we met, my platonic friend broke her ankle and was having problems with her cast, so we stopped by the ER on one of my days off. I left Jessica with the nurses and ortho resident while I attended to a mound of paperwork.

An hour or so later, Jessica had a comfortable new cast, and I had a couple of ER nurses warning me not to get involved with Jessica. She was, they opined, “a flake.” I hadn't witnessed their interactions, but it never occurred to me to ask what she did to warrant that characterization, because I thought they were correct. Jessica *was* a flake. I had known it for a long time, but until then it never quite gelled in my mind. I just needed a little nudge to see the light. Again. Sometimes it seems that one of the side effects of becoming involved with a person is a partial blindness to his or her faults. Perhaps that is an innate response that helps pave the way for flawed people to interact with one another. I have yet to meet a perfect person, so anything that helps flawed people harmonize is socially adaptive. Or perhaps this partial blindness to faults stems from the fact that people often begin relationships with various expectations and hopes that color what they later see—or will let themselves see.

While it may be good policy not to date co-workers, the workplace is one of the few places to meet people that is available to those who shun bars and other over-hyped venues such as supermarkets. One ER physician contributed the following story about his experience dating a couple of women he met at work:

“I was immediately drawn to Tammy the second I saw her. I don’t know what it was about her appearance that I found so appealing, but I had an overwhelming urge to kiss her. I didn’t waste any time in asking her out, and she eagerly accepted. With such a good start, I thought we’d have a great time on our date, but it was a flop. I think we were a bit on edge,

perhaps cognizant of the fact that we'd met at work. We remained friends, but neither of us asked for a second date.

A couple of years later I met another woman, Lori, who had been recently hired by the hospital. Lori was at least as attractive as Tammy, but in a more peaches and cream sort of way. I'd flirt with Lori every chance I got, but she did not seem at all interested in me. That's life, I thought.

One afternoon I received a call from Tammy and Lori, who were friends, asking if they could come over to my home for dinner that night. After checking my social schedule, I saw that it was empty as usual, so I agreed.

As we were munching on some high-fat but tasty chow I'd purchased as a take-out from a restaurant, Tammy and Lori hit me with a surprise that almost caused me to inhale the drumstick I was gnawing on. They said they were lesbians and in love with one another, but they felt the need to have a man in their lives—and, presumably, in their vaginas, too. T&L said they had given this matter a great deal of thought, and they had decided that they wanted *me* to be their male lover.

While the prospect of entering into a ménage à trois did not interest me in the slightest, I was agog at being given the opportunity to make love to them. I would have greatly preferred to do it with each of them separately, but T&L made it clear it was a threesome or nothing.

It was a threesome. Trying to sexually occupy two women at once was not as arduous as I'd imagined, and I was beginning to enjoy our escapade. Especially with Lori. To borrow a phrase from Rush Limbaugh and take it totally out of context, she had "talent on loan from God." If her vagina were rated on the old Sears "good, better, best" scale, it definitely would have been the best. Tammy didn't fare so well in this rating, and my disinclination to spend much time inside her must have been obvious. As the night progressed this became a source of friction between us—which, by the way, was one of the problems. I was so drunk I can't recall all of the details, but I do remember that Tammy was crying when they left.

The next few times we were together, I made a concerted effort to spend equal time with each one, and things seemed to be working out fairly well. Lori complimented me on the size of my manhood and my physique, and Tammy didn't have any complaints. Being the conniving son of a gun that I am, I took Lori aside and asked her if she wanted to move in with me, without Tammy. She said she couldn't do that because she loved Tammy, and she seemed to really mean it. Now I knew she wasn't kidding about being a lesbian. Perhaps it's a reflection of my chauvinism, but I'd previously believed they were with one another only because neither could find a man worth dating. Which, now that I say

that, sounds stupid. Both of them were so hot that almost any man would jump at the chance to bang them.

While working in the ER a few weeks later, another ER doc mentioned a rumor going around the hospital that I was banging the T&L duo. I soon discovered that he wasn't the only one privy to this relationship. On my way to the cafeteria, two of my friends stopped me, asking if I was really as lucky as they heard I'd been.

I had been lucky, but I'd also been betrayed. I had never told anyone, so the leak must have originated from Team T&L. They denied it, of course, but one or both of them were lying. What bothered me about this gossip was not so much that people knew about the threesome, but that it was portrayed as a victory for them—as if I was a game animal and they'd bagged me. I felt used, so I never dated them again."

While shopping in a Wal-Mart years ago, I passed an attractive woman who seemed very friendly. She smiled at me, so I smiled at her . . . but we passed, saying nothing. I completed shopping for the odds and ends I was after, and then went to the grocery store. After shopping for a few minutes, I ran into her again. Same thing. She smiled at me, I smiled at her. We passed. End of story?

Not this time. This was seemingly too good to pass up. I turned around and there she was, stopped in the aisle, looking at me. She had what I call "the look": a beautiful, high-class, intelligent appearance. Although I felt very uncomfortable about asking her out, I couldn't pass up a chance like this. When she accepted, I was joyous. Unfortunately, that was the high point of our relationship.

It didn't take long for things to deteriorate. After we agreed upon a date, she tore out a deposit slip from her checkbook so I would have her address and phone number. I immediately noticed the deposit slip had a man's name on it. I asked Cindy if she were married, and she seemed very uncomfortable while giving me an answer that can be best described as equivocal. I pressed for a more definitive reply, but Cindy said I had nothing to worry about and that she would tell me more when she knew me better. But no, she said, she wasn't really married. I wondered what Cindy meant by "really," but my libido was seriously interfering with my judgment. It's funny what testosterone does to the brain.

When I called her a few days later, I was surprised when an elderly man answered the phone. Her grandpa? After another uncomfortable

circumlocution, I didn't know who the heck he was, but Cindy assured me it wasn't her grandfather. Somehow, that did not seem very assuring.

Cindy explained that she couldn't go on a date right away, for reasons she could not explain. Again she told me not to worry, saying that everything would be clear soon enough. For once, it was. She called me a couple of weeks later saying that she had moved. The man whose voice I had questioned was not her grandfather but her ex-fiancé. She'd broken off the engagement because she thought he was becoming senile. That's a real risk when you date people who are 40 years your senior! Cindy gave me her new phone number and explained we could date when she finished unpacking.

I telephoned a week later and the phone was answered by a man who sounded like he was her age, which was about 30. Not to worry, she said, that was just her friend with whom she was living. No sex, just friends, really.

That I would still want to date her at this point is a reflection of sheer desperation and outright stupidity. But Cindy had “the look” I'd been looking for all my life, and I was not about to let her get away even if she seemed to be missing a few screws. We agreed that I would pick her up the next Saturday evening, so she gave me directions to her place.

After driving an hour to reach the general vicinity of her residence, it took me another half-hour to find her road, which was nothing more than a two-track trail in the woods. Thank God I had a Jeep! After driving more than a mile deep into the woods and having my paint scraped by protruding branches in several narrow sections of the trail, I reached her house. Actually, it was a shack, and a poorly maintained one at that. But dang, did she ever look nice! Priorities, right?

Cindy wanted to eat dinner at the finest restaurant in the area, which made a Big Boy® diner seem like a five-star restaurant. I inspected every bite of food before swallowing it, hoping that this food was fresher than it looked. I passed on the opportunity to savor their exclusive dessert, although I did give them points for having the imagination to serve Oreo cookies. As I said, it was classy.

After we got back in my Jeep, my date seemed to be at a loss of what to do next, so she had me drive around town while she gave this matter some thought. This gave me the opportunity to explore this lovely vista, which consisted of a post office, several bars, three auto parts stores, and an IGA grocery. As I was passing the IGA for the third time, Cindy suddenly blurted out that she wanted to have a drink.

As we entered the bar, it was obvious that Cindy knew most of the people in it. I have very little experience with bars, but I cannot imagine

that such familiarity is a good sign. Oh well, I rationalized, she has “the look,” and I hadn't dated in ages. Any port in a storm.

After Cindy finished her drink, she abruptly announced that she wanted to go for a drive in her car. We drove back to the shack to exchange vehicles, and then left with her driving. After traveling a few miles, she turned off on another trail in the woods. Someone's driveway? No, she answered, this was a snowmobile trail. I'd never been on a snowmobile trail in August before, but I thought it would be interesting to travel through the woods.

And it was. She stopped and turned the engine off after a few minutes. Cindy explained that she had decided she could not go through with it. I asked, go through with *what?* With having sex with me, she said. While I was still intrigued by her appearance, her nonstop flaky behavior was so distracting that I hadn't even considered the notion of sex. Nope, no sex, so it's back to her place.

During the course of a two-hour conversation, Cindy said that she wanted to date me because I was so unlike most of the other fellows she'd previously dated. Really, how so? To begin with, she explained, most of them were now in the state prison. She didn't know why, but she was drawn to angry men who rode motorcycles. Her husband—that man listed on her checking account—had abbreviated someone's life span, and was consequently given a long prison term. Thus, she explained, she wasn't really married, so she wanted to date me. She admitted that she was having a bit of a problem getting sexually excited about me because I wasn't dangerous, but she was willing to put up with a boring sex life in exchange for having a better role model for her daughter. I considered asking her how she planned to marry Grandpa while she was still legally married to the biker, but I was not especially interested in hearing what she had to say about that.

I'd heard enough—in fact, I'd heard way too much. As I exited her two-track and the branches gouged new defects in my paint, I considered that a small price to pay for learning that appearances can be deceiving.

I heard from Cindy a few more times. Our next encounter was when she stopped by my home one day after work to tell me that she was going into business for herself. She had been working for a hydroseeding company doing manual labor—probably why she was in such great shape, I thought. She now said that she planned to open her own lawn mowing business. I told her that was primarily how I paid my way through college and medical school. As we spoke in my garage, she spotted two brand-new tools: a hedge trimmer and a grass trimmer, both powered by gasoline engines, and both purchased for a reason that only a guy could understand: because I liked the way they looked, and thought that I might have a need for them someday. Someday, not today. Heck, I didn’t even have a hedge to trim, and my battery-powered weedwacker was all

I needed for the small yard I had then. Cindy asked if she could borrow the tools until she had enough money to buy her own. Well, she was a single mother, and after seeing my Mom struggle for years as a single parent, I have a soft spot for women going it alone. So I said yes.

Cindy returned the tools a few months later than expected. The hedge trimmer looked like it had been run over by a car—which is precisely what happened to it, she explained, when she backed up one day after forgetting about it. The grass trimmer died a month ago, she said, so she bought a new one to replace it. She also built a wooden storage box for me (pictured below) as a token of appreciation. Cindy mentioned that she had another part-time business making craft items, and this was one of her products. I admired her spunk, and I genuinely appreciated the handmade gift. I've made various handmade things for others, some of which took weeks to make. I am not one to keep score, but after lots of giving and once-in-a-blue-moon receiving, I was bound to notice that my gifts were rarely reciprocated. To find someone who gave an unexpected gift that she made with her own hands—well, it touched my heart.

That experience increased my fondness for her, but still . . . bikers? Prison? An affinity for dating dangerous men? Somehow, I couldn't bring myself to ask her out again.

A year later, Cindy called to ask if I wanted to marry her. I thought that was an odd question given that we had not spoken since the day she

returned my tools, so I said no. She had “the look,” but that wasn’t enough. The search continues . . . .

I used to work at a hospital clinic for a couple of hours before beginning my shifts in the ER. I would primarily see patients in this clinic who had been injured at work, but I would also perform a few pre-employment physical exams. That’s when I met Jennifer, a woman for whom the word “attractive” was an understatement.

As I walked into the clinic the next day with my heart still pounding with excitement, I became fervid when one of the nurses told me that Jennifer had phoned the clinic after she left the prior day. She was plying the nurses for information about me, asking if I was single and what I was like, and so forth. The nurses assured me that they hadn’t divulged too much personal information about me. Darn, I thought. Fortunately, Jennifer had left her number and asked me to call. There is a God, after all.

I’ve since forgotten most of our conversation, but the last few minutes of it were indelibly etched in my mind—and psyche. Let’s listen in:

Jennifer: Kevin, I’m really intrigued by you and I think I might like you, but I am not sure if I want to date you because of our difference in age.

Me: (dejectedly) I know. I’m ten years older than you. (I was 31 at the time.)

Jennifer: Yes, our age difference is a problem for me, and maybe even an insurmountable one. You’re too young.

Me: Too *young*?

Jennifer: Yes. I’ve never dated anyone under 40. Younger guys are so immature.

Me: (dumbfounded and reduced to babbling) Uh, um . . .

Jennifer: I know that you’re a doctor, so you’re probably more mature, but still . . . you’re only 31.

Me: So why did you call the clinic and ask about me? Did you think I was older?

Jennifer: No, I didn’t think you were even 31, but I was drawn to you for some reason. I wish you were older.

This was the first time since I was a kid that I wished I were ten years older. And why? To date someone with a fondness for men old enough to be her father. I couldn't change my age, and she couldn't get over it, so that was it.

Or was it? Years later—about the time I hit 40, by the way—my brother Jeff and sister-in-law Sarah told me that some woman called their home asking for my phone number, but, protectively, they did not divulge it . . . *darn!* She wanted to contact me, but I moved 200 miles north after our last conversation—presuming this was Jennifer, of course. By the time I heard about this, months had passed since she called, and neither Jeff nor Sarah could remember the caller's name, but they did recall that she'd mentioned that we met at the hospital. I couldn't think of who else might have wished to contact me, so I wistfully wondered if Jennifer had a change of heart. I'll probably never know for sure.

I think that I have had an unusually difficult time meeting someone who is a great match for me. I don't know if this is because I've blown too many promising opportunities, or perhaps there is some dating God who metes out punishment for past transgressions. If so, this is probably the case for which I am being punished.

I met a woman many years ago through *The Detroit News* personals. She described herself as attractive (don't they all?), but there was no picture to substantiate that. We clicked on the telephone, so we agreed to meet at a restaurant in Livonia.

She recognized me as soon as I entered the restaurant. Although she had never seen a picture of me, I told her what clothing I would be wearing. She smiled and said, "Kevin?"

"No," I lied, "I'm Ray, Kevin's brother. Kevin couldn't make it, so he asked me to meet you here so that you wouldn't be stood up."

She seemed skeptical, but I assured her that Kevin had some emergency to attend to, so we said goodbye and I left.

Fabricating this "no, I'm Ray" excuse never occurred to me until I saw her. She had great facial features, nice hair, and a perfect body. However, she neglected to tell me that her face was heavily pockmarked, even cratered. This type of skin is rarely seen since the advent of Accutane®—although that causes problems of its own, as I discuss in *The Science of Sex* (www.sexualtips.net). Even then, it was rare to see a woman whose facial skin was so lumpy.

Go ahead and call me shallow, because even I regret my impromptu decision to pass her up. She could have been a supermodel, sans her acne problem, but even more important than that was the fact that we seemed to be a great match in terms of personality, based on our prior conversations. However, when you're young, as we were then, it's common to reject someone who isn't perfect, because almost everyone searches for a partner who is as close to perfect as possible. However, we're all human, and we're all flawed, so we make trade-offs, or spend our lives alone. Some flaws are immediately conspicuous, and some are not. People with visually apparent flaws have a major disadvantage in our culture, given our obsession with appearance. I think that many people, including myself, eventually pay a price for this. Think of all the people you've dated in your life. Did you marry the one with the best personality? Or was that person not hot enough for you, so you married someone better looking?

It isn't easy to find someone who is intelligent, pleasant, educated, kind, cheerful, loving, loyal, supportive, considerate, attentive, responsive, vibrant, sincere, honest, generous, patient, capable, flexible, articulate, healthy, well-rounded, AND attractive. Furthermore, I think the prevalence of the *beautiful woman syndrome* (www.bwsyndrome.com) makes it especially difficult for men to find women who are very attractive in addition to having wonderful personalities and minds.

Sure, some very attractive women are "the total package," but in my opinion pulchritudinous women are less likely to have great personalities and minds than average-looking women. In a nutshell, this stems from the fact that many beautiful women coast through life on their looks alone. Most people give a 100% effort because they are willing to work that hard to get what they want. Women with the beautiful woman syndrome get various things—jobs, money, stuff, smiles, compliments, dates, husbands, you name it—so easily that they know they don't have to try hard. The surest way not to live up to your potential is not to give a 100% effort. Beautiful women are so used to having things handed to them on a silver platter that few of them reach their potential in terms of brainpower or personality. They can be rude, cold, and self-centered bitches, yet have countless men begging for dates. They can be morons with pathetic work habits, yet bosses are not only eager to hire them, but also to pay them more than average-looking women who are smart, diligent, and dedicated. Investigative news shows such as *Dateline* and *20/20* have aired many segments documenting the preferential treatment that beautiful women receive. Some of my average-looking female friends are incensed that their income and opportunities are limited because they are not beautiful. They resent seeing less qualified women getting ahead because of their beauty. That bothers everyone except the beautiful women who milk the system and the men complicit with this form of discrimination.

But who am I to complain? I've discriminated against women who aren't beautiful, too. Ironically, as a doctor who has performed dermabrasion (a surgical procedure that smoothes skin), I should have known that the woman I so callously rejected in Livonia was just a procedure or two away from being a marvelous catch. Then again, she probably was that even without the dermabrasion.

The following story was anonymously submitted by an ER physician. After reading it, I know why he wished to remain anonymous.

I had a patient with proteinuria (protein in the urine, which is abnormal), so I ordered a 24-hour quantitative analysis (a test in which a person collects all of their urine for a day, after which a lab determines how much protein is present). As I was describing to her what to do, she was trying to talk to me about her boyfriend problems. The ER was busy at the time, so I didn't want to get involved in a long discussion. She asked me if she could call me later, and I said OK.

When she called, she mentioned that she was a car salesperson, and she wanted me to visit her at the dealership. I thought it was just a scam to get me in there to buy a car, but I was in the market for a new car anyway, so I thought "what the hell" and went in.

As we sat in a car in the parking lot, she began criticizing my shoes. My shoes, for heaven's sake! I'd just bought them, and I was darn proud of them! She said they were shoes that only a nerd would wear. Then she started criticizing my car. She said that since I am a doctor I should be driving something fast and expensive. But she's at a *Ford* dealership! I can think of Fords that are fast, and Fords that are expensive, but what do they have that's fast *and* expensive? Nothing. Besides, I liked my car. Sure, it was getting old, but it got close to 40 miles per gallon, and I don't have a need for anything fancy. It's like when people criticize your Mom. What they say may be true, but you still want to smack them.

I should have told her to fuck off, but I met her at work, so I tried to be nice. She called me a few days later on a Friday night, and asked if she could come over. I'd cooled off by then, and she was incredibly attractive. And intelligent, too. She had emigrated from Europe earlier in the year, and when she arrived in the US she could not speak a word of English. Six months later, she used English words that I had to look up in a dictionary! She spoke four languages fluently, and I was truly impressed with her mind.

When she walked in the door, I realized it isn't true that alcohol kills your brain cells, because she was plastered, but still smart. She was

stumbling so much I had to grab her to keep her from falling over. I asked her how she'd made it all the way to my place, and she said she just put the bottle of booze between her legs and went about 35 mph over the speed limit. She walked in with that bottle of booze, and she kept sipping it, as if she hadn't already had enough. She asked me if I wanted a drink, and I said yes. It doesn't take much to get me drunk, and 15 minutes later I was so drunk even my nose felt numb. She kissed me a few times, but that is as far as it went that night.

I saw her a few times after that, and fortunately she was not always drunk. In fact, I really started to like her. I didn't plan on getting involved with her, but she called me after her boyfriend beat her up. It's hard not to feel sorry for a woman in that situation, and my protective instinct got the best of me. I also saw her after she cut her knee in a car accident. Not very surprising, considering the way she drank.

She called me the next weekend and asked if we could get together. I already had plans to go to a friend's home, but she asked if she could take me there in her new car, and I agreed. Once we were there, we started drinking. She can really handle her liquor, but I can't. Before long, my head was swimming in circles. She suggested that she take me home, which I thought was a good idea.

When we arrived at my apartment, she asked me if I wanted to have sex with her. I cannot recall if I answered, but I remember that she was walking with me toward the bedroom. The next thing I knew I was inside her. A strange mixture of pleasure and pain, because she had a great pussy, but she also had the most abrasive pubic hair I have ever encountered. It was like coarse steel wool, and I couldn't get it out of the way. I'd swear that it was growing on her labia minora (the soft, hairless inner lips which surround the vaginal entrance). I was also having trouble achieving a full erection. Part of my problem was simply situational anxiety, because it's natural to be anxious with someone the first time, especially when she is as beautiful as a supermodel. However, most of my problem was attributable to my state of intoxication. I could barely walk or even talk, so I wasn't surprised that I was half limp.

The day I met her at the dealership should have been a warning. As we were lying in bed she criticized my sexual performance. I thought, "Give me a break! Doesn't she know that booze can do this to men?" I wished I had not drank that day so I could have given her all of my seven inches. I was going to criticize her for criticizing me, but I was too drunk to say anything. I just flopped over and fell asleep. When I woke up the next morning, she was gone. I haven't seen her since.

As I entered the room of an elderly patient and introduced myself to him and his daughter, I noticed the woman giving me a strange look. Something about her and her countenance really rattled me. After a few minutes, I couldn't stand it any longer. "Excuse me," I said, "but I cannot help noticing the way you're staring at me. Is something wrong?"

"You don't remember me, do you?" she responded.

Oh shit, I thought, I do remember her. But from where? I racked my brain, but I couldn't remember the circumstances under which we'd met.

She continued, "I showed you the picture of my daughter."

Yikes! *Now* I remembered who she was! I'd been shopping in her store and we had really hit it off. She showed me her daughter's picture and asked if I would like to go out with her. The picture was dark and blurry so I could not tell whether she was attractive, but I thought she would be a knockout if she were half as beautiful, intelligent, and personable as her mother. Consequently, I said yes.

I spoke with the daughter on the telephone and we agreed to meet at a restaurant. She described what she would be wearing so that I could recognize her. And that I did. She was—how can I put this?—easy to spot. I paused for a second, recalling that she had no idea of what I looked like. Good thinking, Kevin, I congratulated myself as I walked out of the restaurant. I made it as far as my Jeep before I was overcome with guilt and returned to meet my date.

After my third retreat to the Jeep, still not yet having met her, I resolved to introduce myself, irrespective of whether or not she looked like Heidi Klum. I soon found out that we had virtually nothing in common, and that she hadn't inherited her mother's magnetism. 0 for 3.

It had been more than a year since our ill-fated date, and I was now receiving the evil eye from a mother who knew her daughter had been scorned. I had the impulse to say, "After meeting you, I was thinking your daughter would be very special," but I had enough sense—barely—to keep my mouth shut.

After riding my Sea-doo® ("Jet-ski") for a while, I decided to take a break. I sat on the beach while slowly sipping a soft drink, basking in the luxuriant radiation of the sun. A slight breeze caressed my skin, dissipating the small beads of sweat triggered by the August heat. Off in the distance I could hear children playing. In such a perfect world, it was hard to believe that there was a need for emergency rooms. Ah, but they existed, and I'd left one just hours before. But now it was my time to

relax, and the day was off to a great start. After stretching out on the warm, sun-bleached sand, I slowly succumbed to the heat. As daydreams melted into dreams, I began to doze off.

I would occasionally begin to awaken when a boat roared past the beach, but sleep would greet me within seconds. This, however, was different: I sensed that someone was near, but I wasn't conscious enough to care. I thought whoever it was would go away, just like the boats, allowing me to resume my nap.

It happened all of a sudden. Feeling soft hands cupped over my eyes, I heard someone say, “Guess who?”

This unexpected turn of events startled me, and a fleeting moment of reflexive panic swept through my body. But wait, I thought, how many criminals introduce themselves by saying “Guess who?” Precious few, I'm sure. Thus reassured, I turned to face my mystery guest.

Blinking my eyes a few times, she came into focus. Still, I did not recognize her. My bewilderment must have been apparent. Her voice sounding noticeably less playful, she inquired, “Don't you remember me?”

I wished I had. Her auburn hair framed a face that sent a wave of rapture surging through my spine. Delightful curves accentuated her well-toned body, and her mellifluous voice was friendly and inviting. Then it hit me—I knew her, but not her name. She'd brought her niece to the ER a few weeks ago with a broken clavicle (collar bone). At the time, we had chatted amicably, but I'd never asked for her name. “Uh, you're Monica's aunt . . .” Charitably, she completed my sentence. “It's Megan, but you can call me Meg. My friends call me both.”

She thanked me for being so nice to Monica. I'd given her a “Get Well” card that I made on my computer and some scratch 'n' sniff stickers I bought from a store in Chicago. She said that Monica kept talking about “that doctor with the Alf puppet.” I thought that Monica was too old to be amused by my Alf (remember that old TV show?) animations, but I'd used the puppet to entertain a younger patient in an adjacent bed. Actually, I had also used the Alf puppet as a diagnostic tool, but that's another story.

A few hours passed. In that time, we were well past the banalities of getting to know one another. It was as if we had known one another for years. In a way, we had. Our dreams and thoughts bore a remarkable similarity, obviating the need for elaborate explanations. No Mars/Venus dichotomy here, I realized.

As the sun dipped in the afternoon sky, Megan suggested riding the Sea-doo. Like everything else thus far, it was the right thing to do. Since she

wanted to drive, I explained the craft's operation. When she ignited the engine, she turned her head around. Smiling, she said, “Well, aren't you going to hold on?” The Sea-doo had a strap on the seat for the passenger to grip, but I liked her idea better. Her hands grasped mine, which she then wrapped around her waist. Our escalating intimacy was truncated when she hammered the throttle, rocketing the Sea-doo across the waves. Blown by the wind, wisps of her hair tickled my face. I pulled her closer. She rested her feet on mine, and we danced across the water as she sent the Sea-doo on graceful spirals. Life couldn't get any better than this, could it?

It could. Entering a deserted bay, she let off the throttle and stopped the engine. She turned around to face me, undoing the buckles on my life vest that had become nothing but an unwelcome buffer between us. Reflexively, I slipped off her vest, and our lips met as we passionately embraced. Mesmerized by her kissing, we headed for the vacant beach.

As if we both sensed the need to interject some more familiarity before our passion was given free rein, our conversation continued. As the chill of the approaching night slipped upon us, we built a campfire and snuggled before it. “Where do we go from here?” I wondered aloud. Marriage? Children? No. That was not to be.

“Cleveland,” she responded.

“*Cleveland*?” I asked, more than puzzled.

“Yes,” she replied matter-of-factly, “my husband was just transferred there.”

My spirit instantly wilted, like a dandelion exposed to a nuclear blast. “You're married? Where's your wedding ring?”

“I took it off when I saw you.” No other explanation was forthcoming.

“Why did you do that?” I inquired.

She began to explain. She said that she was quite taken by my interactions with the pediatric patients that night in the ER. In addition to my Alf routine, she'd heard me singing to another child. I would sometimes do that to let the child know the big, scary guy in the white coat was not so scary after all. I would have never guessed that my crooning would lead to this.

Her husband was intelligent and successful, but crude and unromantic. He was gravy, but she craved honey. She wanted more. She wanted me, she said.

For a man who believed in the sanctity of marriage, her words offered confusion, not clarification. She attempted to explain that this was

workable, in spite of how it might seem otherwise. I wasn't buying it. As her words droned on, my ears became increasingly numb. As her image dissolved into an apparition, I got up to leave.

Thanks for the memories, Megan.

Is it possible to become friends with a patient? Yes. The most memorable friendship began one night when a woman brought her child in after he'd fallen and bumped his head. While waiting for the x-ray technician to warm up the CT scanner, I was sitting around eating pizza with a nurse and another patient whom I'd invited for an artery-clogging late night snack. After I showed Loni her child's x-rays, she and I began talking. I soon learned that she lived on the opposite side of the lake from me, but she was just up for the summer while her husband was in training downstate. Coincidentally, she was also a friend of one of my friends, Bill, who lived on my street. Small world.

A few days later Loni called me at home and asked if I would like to spend the day with her and her family at their beach house. It sounded great to me, so I fired up my Sea-doo and headed over. I had a wonderful time speaking with her and her brothers, all of whom were personable and intelligent. Loni also introduced me to one of her friends from downstate, and Hannah and I began dating.

Over the course of the next few years, Loni and I would get together whenever she was in the area. I wondered why her husband was never around, but I didn't broach this subject with Loni since it was none of my business. Hannah explained to me that Loni's husband liked to live his own life, and was not particularly interested in playing the role of husband or father. Hannah claimed that Loni's husband had arranged his schedule so that he would be out of the country while they were moving to another state. As a result, Loni had to do all of the moving by herself, all the while tending to her young children. Hannah said that Loni wouldn't leave him because she had some "self-esteem issues."

I wondered, *self-esteem issues*? Loni was very bright, a great conversationalist, and stunningly beautiful with a body that made most supermodels look like Plain Janes—and how she managed that after having two children, I'll never know. She seemed to exude self-confidence, and I found it difficult to believe that Hannah and I were discussing the same friend. Nevertheless, there didn't seem to be any point in continuing this gossip, so I let the matter drop.

Soon thereafter, I was at Loni's beach house and we were enjoying a wide-ranging conversation after she'd put her children to bed for the

night. I was a bit uncomfortable because I was not dating Hannah any longer, and I knew that I was attracted to Loni. Still, I was determined to keep this attraction a secret. From what seemed like out of the blue, Loni asked me if I'd like to have a glass of wine.

"Sure, if you're having one," I answered.

"I am. I'd like a glass."

As we drank the wine, I gave surprisingly little thought as to any of the possible connotations that may have been inferred from her invitation. In fact, I was so paralyzed by my desire to camouflage my interest in her that it took me a few years for me to register the thought that her offer may have been an attempt to induce me into discarding the inhibitions that were shackling my personality—to loosen up, in other words. But the thought of making a move on a married woman—even one who was reputedly in a distant marriage—was a consideration that I kept relegated to my daydreams. I suppose it's a testament to the strength of my friendship for her that I did not want to do anything that might jeopardize our relationship.

This story is from Leeza, a hospital volunteer or "candy striper."

For as long as I remember I've wanted to work in an ER, so naturally I volunteered to work in our local ER. I love the excitement and the unpredictability of it. It can be quiet one minute, and the next minute everyone is scrambling to treat victims of a multiple trauma. I also enjoy interacting with the ER staff, and one doctor in particular. Ryan, or Ry as everyone calls him, is one really cool guy. When he learned that I eventually want to work in an ER, he took the time to explain all sorts of things. My parents are divorced and no adults have shown much interest in me. I know my Mom loves me, but she's in sales and hardly ever home. I haven't seen my Dad in years, and I rarely talk with him. He's remarried, and I guess he is busy with his new life.

A few months ago I was looking over Ry's shoulder as he read an EKG. It's always amazed me how doctors can determine so much from those squiggly little lines, so I asked him to explain it. He gave me a few basics, and when I told him I wanted more he offered to lend me the first book he read on interpreting EKGs. I told him that I probably wouldn't understand it, but he said the book was so well-explained it was impossible not to master that subject.

It was while reading the EKG book that I began to feel close to Ry. Here I was holding the same book he'd read in medical school. I guess I'm kind

of a mushy person, but that really meant a lot to me. And whenever I'd see him he'd always ask how I was coming along and whether I had any questions. I wished my teachers in high school were so caring!

After I learned to read EKGs Ry asked me what I wanted to study next. I didn't have to think for even a second—I wanted to learn how to suture. That just seems so doctor-like! Obviously, I couldn't practice on people, so Ry brought in some uncooked meat. Our plan was that he'd teach me how to suture whenever the ER was slow, but we were so busy that day Ry never had any free time. I then asked Ry if we could get together after work. He seemed somewhat surprised by that, but he agreed, so we made plans for him to stop by on Friday.

Unfortunately, Friday was one of those rare days when my Mom came home after work instead of spending the night with her boyfriend. When Mom saw that we were suturing meat she raised a fuss because she's a strict vegetarian and the thought of meat, *any* meat, makes her sick, especially when it was being cut and pieced together again on her kitchen table. However, I told her how much I wanted to learn suturing, so she said I could do it if it wasn't anywhere near her. She had to be home to participate in a teleconference for her company, so I asked her if it was OK if I went to Ryan's home for the suturing lesson, and she said yes. I suppose I should have been a bit surprised, but she never seemed to care what I did as long as I didn't take drugs and kept getting all A's in school.

Ry had an awesome house, so I insisted that he give me a tour of it. Afterwards, we sat on his deck that overlooked a lake while he demonstrated suturing to me. I picked it up very rapidly, and within an hour Ry said I was suturing better than some of the interns at the hospital. Wow, me doing something better than a doctor? I was so grateful for the compliment that I gave Ry a hug. While I hugged him my stomach growled, probably because I'd skipped lunch that day. Ry asked if I wanted something to eat, and of course I said yes. He scoured through his refrigerator and kitchen cabinets, but there wasn't much left to eat. Ry suggested calling out for a pizza, and he even let me choose the toppings. How sweet!

My Mom was in the living room watching television when Ry took me home. I'd wanted to give him another hug to thank him for being so kind, but I felt too awkward to do it in front of my Mom. After Ry left, my Mom asked me if he was single. At first I wasn't sure why she inquired about that, but when she began gushing about how cute he is I knew she was interested in him. Who wouldn't be? My Mom's boyfriend is a nice guy and successful, but he's not very attractive. Mom seems to be always looking for someone better, and I suppose she deserves it because she's a real knockout. I tried to suppress my Mom's interest in Ry by telling her that he's younger than she is, but that didn't dissuade her at

all. She suggested that I invite him over for dinner the next weekend to thank him for the suturing lesson. Of course, she wasn't just being courteous—she wanted to flirt with him.

Ry couldn't make it the next weekend because he was working, so we planned for dinner the following weekend. By then my Mom was really champing at the bit, acting like a schoolgirl. Normally, she gets ready in about 30 minutes, but on the day Ry came for dinner she spent over an hour primping. She kept trying on different dresses, and finally settled on one that I thought was too revealing. I'm not a prude or anything, but I think parents should look like parents. That dress showed most of her cleavage, and her nipples poked through so much it was impossible not to notice them. I suggested she change to a different bra, but she told me that she liked how she looked in this one. I didn't want Ry staring at her all night, so I decided to change into my hottest outfit.

While we ate dinner my Mom's boyfriend stopped by. He'd just closed a huge deal, and he wanted to take my Mom out to celebrate. What could she say? I knew she wanted to hang around Ry, but eating at home on a weekend night was so unlike her that she had to go out with her boyfriend unless she were willing to risk letting him know that something was up. So she went, but I knew she was disappointed.

I wasn't. By now I'd developed a major crush on Ry. I couldn't tell if he was attracted to me, but I assumed he was because most guys are. I hope I don't sound conceited by saying that, but it's true. I'm 5'6" tall, 114 pounds, and I keep in great shape by working out five times per week. I have long, slender legs and a great smile—or so everyone is always telling me. I don't have large breasts like my Mom, but I'm between a C and a D-cup, so I'm better endowed than average. In a bikini . . . well, what can I say? I get plenty of attention.

After we finished dinner, I asked Ry if we could go for a ride in his boat. The prior week I'd heard him complaining to another doc how he never got out to do much boating, so I thought this was a perfect excuse. And that's what it was: an excuse. I like boating, but the real reason I wanted to do it was to have an excuse to wear my bikini around Ry. If that wouldn't arouse his interest, what would?

Ry and I had fun cruising around his lake, but as the sun was setting it was getting much cooler. I shivered a bit, and Ry asked if I wanted to go inside. I said yes, but I'd hoped that he would hug me to warm me up. Maybe later, I thought.

Once we were in his house Ry gave me his terrycloth bathrobe to wear, and then suggested making a fire in his fireplace. Finally we were on the same wavelength! I did my best to not look too happy, but it wasn't easy.

As we sat in front of the fireplace I leaned my head on Ry's shoulder, and he put his arm around me. I was so overcome with emotion that I kissed him, using enough of my tongue to let him know this wasn't just a "thank you" kiss. We'd been kissing for a few minutes when his doorbell rang. I panicked, thinking it might be my Mom. Thankfully, it was just a guy looking for his lost dog. I used this opportunity to empty my bladder, and to remove my bikini. I wanted Ry to see me . . . *all* of me. I slipped the bathrobe back on because it would have been too bold to walk out of his bathroom totally naked. I snuggled in front of Ry with my back to him, and he wrapped his arms around me. After a few minutes he kissed the side of my head, so I turned around to sit on his lap. When I did that the bathrobe loosened enough so that my front was totally exposed. At this point I didn't care. I could tell that Ry was getting hard, so I know he liked it. I did my best to keep my vulva right over his penis. I don't know if guys can feel much that way with swimming trunks on, but if nothing else I thought it would telegraph my desire to him. It must have worked because Ry pushed off his trunks and pulled me on top of him. By now I was so wet that lubrication wasn't a problem even though he wasn't yet inside me. I slid back and forth on his shaft, and it felt so good that I lost all my inhibitions. I reached down and grabbed his penis, thrusting it into my vagina as I sat on it, then arched back. As I did that the tip of his penis bumped into my cervix, triggering the most powerful orgasm I've ever had, which seemed to go on forever. Ry then sat up and we embraced as I stroked up and down his long shaft. My nipples were now erect, and they caressed his chest as I moved. Ry then sucked my breasts as he pushed deep inside me, moaning as he reached his climax.

I spent the night in Ryan's arms. I suppose I should have gone home in case my Mom came back that night, but I wanted to send a signal to her that he was mine, not hers. She got the message, too. Ry and I have been together for three years now, and she hasn't tried any more seductive tricks. She'd better not. She's going to be a grandmother in six months.

TRUE Emergency Room Stories

by Kevin Pezzi, MD

www.erbook.net/erbook1.htm

Think you know what it's like in an Emergency Room just because you watch the television show ER? Take it from an ER doctor — you don't! Certain aspects of emergency rooms are just not palatable enough for prime-time viewing. The rest of the story, as Paul Harvey would say, is far more interesting. You won't find these stories on TV, but you'll find them in *TRUE Emergency Room Stories*.

Reader comments:

Ron Lancaster, Radio Host, WDIS, Norfolk MA: "Truly a great book. It's one of the most fascinating books I've read."

Steve B., Aguanga CA: "I sent the following to a number of friends: Rarely do I give a guarantee! Get this book . . . if you don't have fun with it, I'll buy it from you and send it to someone who has a better sense of humor. … Kevin Pezzi's background may make him the world's most intelligent doctor. By the way, I'd stand on my head if I have to to read ANYTHING from Pezzi!"

Reader, North Miami Beach FL: "From the first sentence, Dr. Pezzi had me riveted. From his collection of outrageous ER experiences to his insightful, candid viewpoints on the state of healthcare in America, he offers a wickedly voyeuristic ride into the real world of emergency medicine. Unlike other ER books which simply offer a compilation of stories, Pezzi writes with a bracing candor that breaks down the "white coat" barrier to reveal the feelings, thoughts and fears of an ER doctor. He's made an avid fan out of this reader!"

Beverly G., RN, ER Nurse: "I brought the book to work and everyone in my ER read it and copied the cover to buy it for themselves. The book is right on the money and is written extremely well. One RN said most of the ER books are boring, but this one he couldn't put down. I have read it from cover to cover in one day. I love it."

Sandy, ER, St Anthony's Hospital: "I loved your book. It is now making the rounds at St Anthony's Hospital! Everyone really likes it. PLEASE tell me that you are going to write another one. Besides the actual stories, I really enjoy your sense of humor and honesty of your feelings."

Paramedic, Greenbelt MD: "Your ER stories put Michael Crichton (creator of the TV show *ER*) to shame. You recount your stories quite vividly."

If you want to make your log or cedar home as beautiful as possible, it needs a gorgeous hand-carved door — not a run-of-the-mill door that you can buy at any lumberyard or Home Depot. This handmade door was created by Dr. Pezzi:

See www.loghomedoor.com for more pictures and information.

The Beautiful Woman Syndrome
What is it?
How does it affect them?
How does it affect *you*?

The beautiful woman syndrome will affect most men who pursue gorgeous women. However, most men won't recognize the symptoms of the beautiful woman syndrome, nor will they know how to effectively deal with it. Do you? Find out on: www.bwsyndrome.com

If you love lighthouses and need a shed, why not have one shaped like a lighthouse? Here is one that Dr. Pezzi designed and built:

For more pictures and information, see
www.lighthouseshed.com

Do you participate in online dating? See what Dr. Pezzi created:

 ContactMeFree is a dream come true for anyone involved in online dating. If you have your profile posted on a personals site but don't pay for a membership, you know how limited you are in terms of being able to send or receive messages. You probably assume that those limitations disappear if you pay for a membership. Guess what? You are far more limited than you realize. Frankly, if you knew how limited you were, you would be furious that the personals site was charging you $20 to $50 per month and still keeping the shackles on you! For example:

- An increasing number of personals sites won't let people who receive messages read them unless the message recipient is a paid member. The person who sent the message might assume that his membership fee gave him or her the ability to communicate with singles on that site, but since 90 to 95% of the listed profiles are from people who have not paid for a membership, only one message in ten or one message in twenty might actually be read by the intended recipient. So what does a membership fee buy on those sites? Not much. If people understood this limitation, how many would pay $20 to $50 per month to waste time writing to people who cannot read the messages they receive? Not many, I'm sure. Perhaps they should give a rabbit's foot for good luck to paying members!
- Other personals sites that are slightly less draconian permit everyone to read received messages, but they do not allow the recipient to respond unless he or she pays for a membership. Those sites often filter any contact information, such as an e-mail address, that the sender may include, thinking that might give the recipient a way to respond without paying for a membership.

Clearly, personals sites are designed to wring as much money as possible from their users. Striving for profit is not iniquitous, so I won't bash personals sites for trying to make as much money as possible. However, I do think that most of their users would say “to heck with you” if they knew how those sites had stacked the deck against them. If the dating sites were as upstanding as they purport to be, they should be candid enough to disclose what limitations persist even for paying customers. *All sites that charge membership fees have limitations that plague even paying members.* I don't think this is fair, so I did something about it and created a site (www.contactmefree.com) that is designed to overcome all of the limitations. My ContactMeFree site is free to use, and gives everyone the ability to communicate with people on other dating sites, whether or not you choose to pay those sites, or even post a profile on them.

www.MySpamSponge.com is also a great free tool for Internet dating that allows people to contact others (and be contacted) without paying the membership fees demanded by personals sites. I created MySpamSponge primarily to block spam, but it is useful for online dating and meeting people offline, too (see below).

One of the greatest things about MySpamSponge is that it gives you the freedom to post your handle (contact code) anywhere you want, without having to worry about spammers bugging you. Legitimate users can contact you just as easily as they could via e-mail, but the spammers can't reach you.

MySpamSponge helps you meet people offline, too!

Imagine that you're out in public and see a person you want to meet. What do you do? If you're like most people, you say nothing, walk away, and later regret being so timid. The person you passed up might have otherwise become your spouse, or just a great friend.

Here's our solution: hand that person your MySpamSponge intro card (see below):

Your intro card allows you to communicate with that person without the need for either of you to reveal your e-mail address or other personal information. That makes the person more likely to respond, if he or she is interested.

Learn more about intro cards • Discover even more ways to meet offline

Yet another free site that Dr. Pezzi created for online daters:

☑ You know that writer's block you get when you sit down to write the essay portion of your personal profile for online dating? And you know the difficulty you have trying to think of a catchy headline? Well, www.MyProfileWriter.com allows you to create a profile essay and headline without typing, just by clicking!